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Contents

8 - 21 **01** *Conceptual Leadership and Employee Engagement Model for Nurses Working at Mater Dei Hospital (MDH), Malta*
- Doris Buttigieg & Dr. Emanuel Camilleri

22 - 33 **02** *A Green Team Approach to Sustainable Waste Management: Insights from a Public General Hospital Case Study*
- Damian Baldacchino & Dr. Neville Schembri

34 - 47 **03** *A detailed approach to vicarious traumatisation within nursing staff at Sir Anthony Mamo Oncology Centre*
- Raissa Camilleri

48 - 59 **04** *What are the perceptions towards euthanasia in older adults amongst nurses residing in Malta?*
- Katya Gauci

60 - 71 **05** *From Central to Local – A Study on the Future of the Decentralisation Process in Malta – Perspective of the Central Authorities, Regional Councils, and Local Governments*
- Johan Mula

72 - 85 **06** *The Phenomenon of Burnout amongst Nurses from a Hospital in Malta and Possible Coping Strategies*
- Jeremy Sammut & Yaser Teebi



Foreword

Navigation Towards Sustainability, Human Well-being, and Social Progress: Complexity of the Agenda and Diversity of Contribution Pathways

Identified as the cornerstone of all human activities for the prosperity of people nowadays and in the future, sustainability has become the global concept of humanity's progress and well-being embracing economic growth, social resilience, environmental concern, and new-level governance. According to the main meaning of sustainability, as an integral process to developing industries and infrastructure, social relationships, and individual possibilities, we should strive towards achieving a strong, fair, and harmonious world, ensuring a living that is in congruity with the environment and human needs. This is why the Sustainable Development Goals include good health and well-being, sustainable cities and communities, strong institutions, responsible production and consumption, economic growth, and quality education.

Striving for the achievement of these targets is a complex and comprehensive process that embraces different aspects of life's activities, people's attitudes, awareness, skills and competencies, as well as both regular and new practices, and approaches required for improvement and change. This significantly affects research and the need to focus on studying, designing, and implementing innovative approaches in businesses, public sector institutions, government and international structures, social life, and personal consciousness. While being shaped by world trends, the local scientific agenda also depends on the country-specific socio-economic configuration.

Thus, in the third issue of "The IDEA: Journal of Applied Research", an emphasis has been made on the relevant matters of human and professional well-being, "green agenda", state governance evolution, and cutting-edge management practices for sustainable and socially responsible life in Malta. The fact that the studies presented were mostly concentrated on the healthcare sector and public administration highlights a pronounced societal focus of the country's policy on these areas, in addition to the country's economic development agenda.

The collection of papers refers to four significant areas of sustainability:

- Democratic values and efficient governance in public administration;
- The introduction of green approaches in organisations' operations;
- Psychological, ethical, and behavioural components of individuals' well-being in professional terrain; and,
- Personal life skills, leadership in social responsibility, and human capital contribution.

Transparency and efficiency of public administration are significantly affected by the principles of the governance system design, and define the quality of citizens' welfare, stability of society, and implementation of democratic values within the country. Therefore, the issues of public administration decentralization, transfer of responsibility, and power distribution between Central Authorities, Regional Councils, and Local Governments are highly relevant to the current agenda. Without representing a

perfect organisation system, administrative decentralization proved to be optimal in all the states with developed democracies, and with a market economy. The issue of how to achieve decentralisation varies from one state to another. The issue of how to achieve decentralisation varies from one state to another with individual features. Decentralisation cannot exist only in central bodies of the public administration, without the existence and organisation of the local ones (Ieremie, 2022, p. 278). A decentralisation approach matches the core values of public governance: autonomy, democracy via civic participation, and government proximity to the population. Moreover, it improves the quality of decision-making and enhances the mechanisms of financial effectiveness, accountability, public control, citizens' involvement, and non-indifference. In the paper "From Central to Local – A Study on the Future of the Decentralization Process in Malta – Perspective of the Central Authorities, Regional Councils, and Local Governments", Mr. Johan Mula analyses the present status of the decentralisation process in Malta and highlights evident difficulties in its implementation.

One of the main pillars of sustainable development is environmental protection, including the green circular economy, responsible consumption/production, and minimising negative territory impacts. This has set a full range of green approaches and practices, with waste management as one of the most featured. Waste management is needed to improve the community's quality of life. As waste increases, the government needs a sustainable waste management strategy. Good waste management can improve public health, create a sustainable economy, and enhance welfare (Wulandari et al., 2017; Jamasb & Nepal, 2010; Askinatin et al., 2023). In the study "A Green Team Approach to Sustainable Waste Management: Insights from a Public General Hospital Case Study",Mr. Damian Baldacchino and Dr. Neville Schembri analyse topics related to waste management in medical organisations in Malta, including the efficiency of current practices, green team initiatives, and educational matters to move forward the sustainability agenda.

Another theme investigated in this edition of the IDEA Journal of Applied Research is human well-being, which is one of the strongest narratives in a world, aiming to be sustainable and just. This very vast topic encompasses a range of issues, particularly socially responsible consciousness, professional well-being, empathy, and understanding of the challenges faced by vulnerable and unprotected groups and individuals. Given the high importance of healthcare in Malta, several papers in this edition moved to the fore the problems of professional traumatisation and the destructive impact of job specifics on the emotional health and consequent performance and personal life of nurses. These issues are topical in the professional field, hence "studies and scholars so far have demonstrated that empathy interacts directly with burnout, and they imply an interaction with vicarious trauma" (Kounenou et al., 2023, p.2). In the study "A detailed approach to vicarious traumatisation within nursing staff at Sir Anthony Mamo Oncology Centre", Ms. Raissa Camilleri emphasises the causes of vicarious traumatisation and compassion fatigue for oncology-treatment staff and approaches to mitigate its after-effects, including coping strategies, personal support, and organisational reinforcement. In line with this study are the results of similarly directed research on burnout amongst nurses and possible coping strategies in a Hospital in Malta.



Mr. Jeremy Sammut and Mr. Yaser Teebi's analysis in the article "The Phenomenon of Burnout amongst Nurses from a Hospital in Malta and Possible Coping Strategies" provides significant insights into understanding and managing this problem, helping to avoid dramatic consequences for the nursing profession.

Indeed, since healthcare and elderly care are extensively connected with ethical, psychological, and behavioural patterns, the thorniest issues are related to the well-being of both patients and medical staff, as well as the general social perception of highly disputed steps such as euthanasia. In one of the latest research, Montanez et al. (2023, p. 287) noted that "it is of vital importance to consider the social perspective of euthanasia". The research "What are the perceptions towards euthanasia in older adults amongst nurses residing in Malta?", focuses on the perception of Maltese nurses on euthanasia. In this paper, Ms. Katya Gauci aims to reveal the participants' attitudes towards this phenomenon. Particular focus is placed on ethical and moral values, as well as their social, cultural, and religious beliefs. The study also addresses the ambiguous and controversial nature of euthanasia in social life and motivates further research on such a sensitive matter.

In their paper, Ms. Doris Buttigieg and Dr. Emanuel Camilleri argue that the essential way to implement sustainable values is to invest in personal, individual skills and competencies, providing self-development, lifelong learning, and quick adaptation to the turbulent environment. One of the relevant approaches to enhancing the efficiency and performance of employees is conceptual leadership, which steers staff engagement, motivation, and team building to foster innovation and manage changes. The newest research highlights how leadership styles (leader-member exchange, charismatic, servant, transactional, ethical, and transformational leadership) impact organisational motivation (Ding & Wang, 2024). In the paper "Conceptual Leadership and Employee Engagement Model for Nurses Working at Mater Dei Hospital (MDH), Malta", Ms. Doris Buttigieg and Dr. Emanuel Camilleri dwells on the types of leadership styles, such as transformational, transactional, and "laissez-faire", and their impact on personnel management efficiency and social outcomes in the healthcare sector.
This July 2024 issue of "The IDEA: Journal of Applied Research" features multidisciplinary research carried out by Master students under the supervision of scholars and researchers who are co-authoring some of the papers. The journal seeks to stimulate academic discussions and further investigations to advance knowledge and further development in the fields under study.

Dr. Tatyana Odintsova,
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01

Conceptual Leadership and Employee Engagement Model for Nurses Working at Mater Dei Hospital (MDH), Malta

Doris Buttigieg & Dr. Emanuel Camilleri

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Abstract

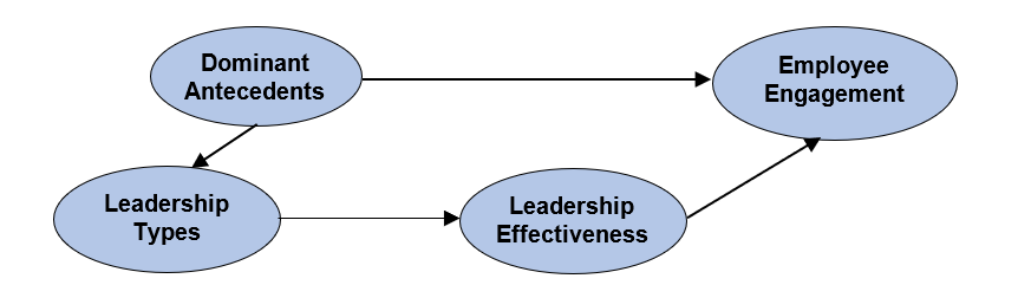
Objectives: The study aims to establish a causal model showing the relationship between antecedents, leadership styles, effective leadership, and staff engagement for nurses working at MDH.

Methods: The envisaged causal model applies Structural Equation Modelling (SEM) that examines relationships between antecedents, leadership styles, effective leadership, and employee engagement. The instruments administered include Multi-factor Leadership Questionnaire and Utrecht Work Engagement Scale, applying a stratified random sample of nurses.

Results: Findings show that few antecedents affect employee engagement, with experience having a high impact. Transformational, transactional and laissez-faire leadership all impact leadership effectiveness, with transformational leadership being the most influential factor. Additionally, leadership effectiveness moderately impacts employee engagement.

Conclusion: SEM outcomes suggest that employee engagement is influenced by the respondents' experience. The findings suggest that transformational leadership has the most impact on leadership effectiveness that leads to employee engagement, resulting in maintaining better direct patient care.

Keywords: "Personnel Management","Leadership effectiveness","Structural Equation Modelling", "Workplace Engagement".



Graphical Abstract: Conceptual Leadership and Employee Engagement Model for Nurses at MDH

Highlights

- Employee engagement increases with organisational tenure and experience.
- Transformational leadership style positively impacts leadership effectiveness.
- Leadership effectiveness enhances employee engagement.

Introduction

In the current work landscape, organisations face a multitude of challenges, including globalisation, rapid technological advancements, and changes in cultural norms and procedures. To succeed in this environment, organisations require a motivated and innovative workforce that is willing to take initiative and contribute to the overall success of the organisation. As a result, employee engagement has become a top priority for both public and private sector organisations. Effective leadership plays a crucial role in fostering a culture of engagement within an organisation. Leaders who provide clear direction, offer coaching and feedback, and motivate their employees to have a direct impact on their team's engagement levels (Hay, 2002). Therefore, leadership is a critical component in creating an environment that fosters engagement (Kahn, 1990).

This paper aims to establish a causal model showing the relationship between antecedents, leadership styles, effective leadership, and staff engagement for nurses working at MDH. Specifically, three leadership styles will be considered, namely transformational, transactional, and laissez-faire. Effective leadership and employee engagement were also relevant variables that were included in the study. Furthermore, several antecedents were considered, namely gender; age group; nursing experience; current grade (designation); and educational level.

The main limitations to this study include the following: (a) The study was conducted during acute phase of the Covid 19 pandemic. Hence, there were instances where some nurses were on quarantine and could not participate; (b) Instances were nurses had to change their designated unit/department due to the Covid 19 positive patients that may have prevented them from participating; and (c) Protocols during the Covid 19 pandemic did not permit the researcher to enter specified units.

Theoretical Framework

Understanding the Concept of Leadership

Throughout the years, leadership style was discussed with other variables. For example, Walker (2015) discusses leadership styles with motivation and Specchia et al. (2021) with job satisfaction. For their part, Al-Serhan et al. (2021) argue that academics are still doing empirical studies on the definition of leadership. Researchers explore the importance of leadership styles at the place of work. Additionally, it takes work to give one definition of leadership.

Staff engagement is also an important topic. Unfortunately, there is a lack of research material on staff engagement, although it is imperative (Priyadarshi & Raina, 2014). In previous research studies, staff engagement was discussed with other variables. For example, Aboshaiqah et al. (2016) explored nurses' engagement with personal characteristics, and Hossan et al. (2020) with motivational factors.

This study focuses on the relationship between several antecedents, leadership styles and employee engagement among nurses working in a hospital. Several empirical studies focus on the nursing profession and the topic under study. However, Abdelrazek (2016) argues that there are few empirical studies on the relationship between leadership styles and staff engagement in higher education and academic nursing circles. Moreover, Mousa et al. (2019) claim that more research studies are necessary on the relationship between leadership styles and staff nurses' engagement.

Other studies investigated the relationship between leadership styles and employee engagement; however, these studies were conducted outside the health sector. For instance, Zhang et al. (2014) examined the relationship between leadership styles and employee engagement among retail sales assistants in Sydney. Yao et al. (2017) collected 40 sets of questionnaires among construction companies registered with the Construction Industry Development Board in Malaysia. To fill the gaps mentioned earlier, the researchers aim to investigate the relationship between leadership styles adopted by the immediate superior and nurses' engagement in a general teaching hospital. This study examines transformational, transactional, and laissez-faire leadership and leadership outcomes (effectiveness).

Transformational Leadership Defined

Transformational leadership is a leadership style that has gained significant interest from researchers since the 1980s. Unlike other styles of leadership, transformational leadership focuses more on the emotional and affective elements of leadership. As the name suggests, transformational leadership aims to change and transform people by focusing on their emotions, values, ethics, standards, and long-term goals. This style of leadership involves assessing the motives of followers, satisfying their needs, and treating them as whole human beings. Transformational leadership is a unique form of influence that motivates followers to accomplish more than what is typically expected of them. It is often characterised by charismatic and visionary leadership. Transformational leadership can be identified by five key attributes, including:

- *Idealised influence* (attributed and behavioural) refers to the emotional aspect of leadership, as per Antonakis (2012). Leaders who display idealised influence act as role models for their followers and are deeply respected. They hold themselves to high ethical standards and are trusted by their followers to do the right thing. Additionally, they provide their followers with a clear vision and mission. This factor has two components, namely attributional and behavioural, which pertain to followers' perceptions and observations of their leaders, respectively.

- *Inspirational motivation* is a leadership quality whereby leaders inspire their followers by setting high expectations and motivating them to become invested in the shared organizational vision. This is done through the use of symbols and emotional appeals, which help to focus group members' efforts towards achieving more than they otherwise would.

- *Intellectual stimulation* is a leadership style that encourages creativity, innovation and challenges followers to question their beliefs and values, along with those of the leader and the organization. This type of leadership supports and encourages followers as they attempt new approaches and develop innovative ways of dealing with organizational issues. It also motivates followers to engage in careful problem-solving and to think for themselves.

- *Individualised consideration* is another factor that represents leaders who provide a supportive environment that caters to the individual needs of their followers. These leaders act as coaches and advisers, helping their followers to grow and develop through personal challenges. They may use delegation as a way of fostering growth in their followers.

Transactional Leadership Defined

Transactional leadership and transformational leadership are two distinct leadership styles. The main difference between them is that transactional leaders do not personalise the needs of their followers or focus on their personal growth. Instead, they engage in an exchange of valuable things with their followers to promote their own and their followers' agendas (Northouse, 2018). Transactional leaders possess a great degree of influence, as their followers are motivated to comply with their leadership due to their own interests. As per Marturano and Gosling in 2007, transactional leadership is characterised by two factors, namely, contingent reward and management by exception.

The first of two transactional leadership factors is contingent reward. It refers to the exchange process between leaders and followers, where followers' effort is traded for specified rewards. The leader aims to gain agreement from followers on what needs to be done and the payoffs that come with it. According to Notgrass (2014), contingent rewards are most effective when followers have a high-quality relationship with their leader, and the leader uses clarifying or supporting achievement behaviours.

The second transactional leadership factor is management by exception. This leadership style involves corrective criticism, negative feedback, and negative reinforcement. Management by exception comes in two forms: active and passive. In the case of active management-by-exception, the leader closely monitors followers for mistakes or rule violations and then takes corrective action. In contrast, passive management-by-exception involves intervention only after standards have not been met or problems have arisen. Both active and passive management types use more negative reinforcement patterns than the positive reinforcement pattern described under contingent reward.

Laissez-faire Leadership Defined

The laissez-faire leader is one who displays an absence of leadership, preferring to take a passive approach. This kind of leader avoids taking responsibility, procrastinates when making decisions, provides no feedback or assistance to followers, and puts in little effort to help them meet their needs. They do not interact with followers or work to help them develop their skills. However, according to research conducted by Yang (2015), laissez-faire leadership may actually be a strategic choice made by leaders to recognise and defer to the abilities of their followers, reduce their dependency, and increase their self-determination, self-competence, and autonomy. In such cases, the leader would be using laissez-faire leadership as a strategic tool to empower followers to lead.

It is worth noting that research has shown that leaders may be most effective when they combine elements of transformational, transactional, and laissez-faire leadership (Northouse, 2018). This supports what most leadership theories suggest, which is that all leadership approaches have their strengths and weaknesses, and that the most effective approach is often a combination of different approaches. This is because effective leadership requires ongoing evaluation of followers, tasks, and environmental pressures, and the best approach will vary depending on these factors.

Employee Engagement Defined

An individual's work engagement is defined by their level of involvement, satisfaction, and enthusiasm in their job. When employees are highly engaged, they feel a deep connection to the company and are passionate about their work. On the other hand, when employees are disengaged, they simply go through the motions of their job without putting any energy or attention into it. Work engagement is the opposite of burnout, as engaged employees feel a sense of energetic and effective connection to their work and are capable of handling the demands of their job with ease (Carasco-Saul et al. in 2015).

Engagement, as defined by Schaufeli and Bakker (2003), is a state of mind related to work that is positive and fulfilling. This state of mind is characterised by three factors: vigour, dedication and absorption. Rather than being a momentary or specific state, engagement refers to a more persistent and pervasive affective-cognitive state that is not focused on any particular object, event, individual, or activity. Vigour refers to a high level of energy and mental resilience while working, as well as the willingness to invest effort in one's work, and persistence even in the face of difficulties. Dedication is characterised by strong involvement in one's work and a sense of significance, enthusiasm, inspiration, pride, and challenge. Absorption, on the other hand, is characterised by being fully concentrated and happily engrossed in one's work, such that time passes quickly and one has difficulty detaching oneself from work (Hayati et al., 2014).

Towards a Conceptual Leadership Effectiveness and Employee Engagement Model for Nurses

The principal research question is: What is the impact of the dominant antecedents and leadership types on effective leadership and employee engagement for nurses working MDH? Consequently, the primary hypotheses are: (1) dominant antecedents are good predictors of nurse engagement; and (2) nurse engagement is a consequence of both leadership type and effective leadership.

Methodology

Sample and Design of the Study

Based upon the above literature review, a theoretical model that lies at the basis of our empirical study is shown at Figure 1. The theoretical model depicted in Figure 1 was tested by the administration of a survey. The study was conducted among nurses working at MDH. The target population consisted of 1265 qualified nurses, including 178 charge nurses, 187 senior staff nurses, and 900 staff nurses. The study used stratified random sampling, which involved dividing the sampling frame into distinct, non-overlapping subgroups called strata (Larsson et al., 2022). The questionnaire was in English, as the nursing population at MDH comprises both Maltese and foreigners.

The questionnaires were distributed to twenty-five wards at MDH during paid working hours. The research project had a sample size of 295 nurses, including both male and female nurses. Instructions were prepared to explain the purpose of the questionnaire and how it should be completed. Voluntary participation was requested and anonymity guaranteed.

The sample was obtained using proportionately stratified random sampling, which is one of the probability sampling methods. A large sample size is considered strength (Larsson et al., 2022). The sample was 23.3% of the target population, which were 1265 nurses. This size was sufficient to avoid making type I or type II errors (Rosenthal & Rosnow, 2008) and provided a margin of error of 4.95% with a 95% confidence level.

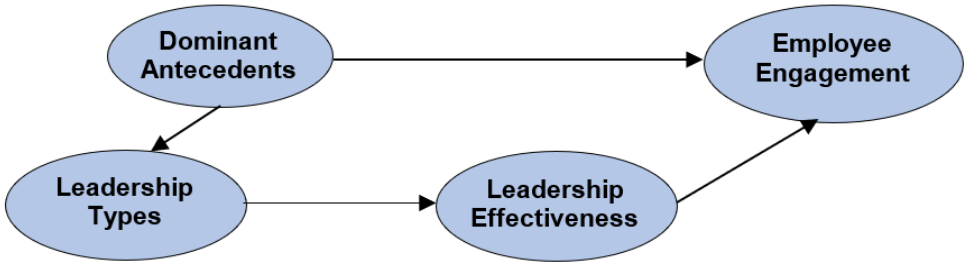


Figure 1. Conceptual Leadership Effectiveness and Employee Engagement Model for Nurses

Measures

This section provides an overview of all measures that are included in our study. All items of the various constructs are measured by using a Likert system rating scale. The details of all the measures are shown at Table 1.

Variable	Definitions of variable
Leadership Type	Subordinate perceptions of their leader with respect to three aspects.
Transformational leadership	An attitude that encourages and inspires employees to innovate and develop new ways to grow and improve the path to an organisation's future success. This style of leadership involves assessing the motives of followers, satisfying their needs, and treating them as whole human beings.
Transactional leadership	Focuses on exchanges that occur between leaders and their followers (Northouse, 2018); and aiding followers to fulfil their own self-interests (Bass, 1985). They clarify followers' duties, their performance objectives, and the tasks that must be completed.
Laissez-faire leadership	These leaders display a passive indifference towards their followers (Moss & Ritossa, 2007), are inclined to move out from the leadership role and offer little direction or support to followers.
Effective Leadership	Extent entity achieves its goals and performs its task.
Employee Engagement	An individual's work engagement is defined by their level of involvement, satisfaction, and enthusiasm in their job. When employees are highly engaged, they feel a deep connection to the organisation and are passionate about their work.
Dominant Antecedents	***(Personal characteristics)***
Gender	The gender of the nurse as Male = 1, Female = 2
Age Group	The age group of nurse (to nearest year)
Total years of experience	Total years of nursing experience
Current Grade (Designation)	Staff nurse = 1; Senior staff nurse = 2; Charge nurse = 3
Qualifications	Level of education of nurse, with a choice of Traditional = 1; Enrolled = 2; Diploma = 3; Degree = 4; Master = 5; Other = 6

Table 1. Details of the Tools and Measures Used in the Study

Two instruments were used in the present research to collect primary data. The multifactor leadership questionnaire (MLQ) was used to investigate leadership styles (Avolio and Bass, 2004). The Utrecht Work Engagement Scale (UWES) was used to measure employee engagement (Psychological Scales, 2022). The MLQ questionnaire consists of forty-five items that identify a leader's specific leadership style. The questionnaire items are based on a 5-point Likert scale, ranging from 0 to 4, where 0 means "not at all" and 4 means "frequently, if not always." The MLQ also includes the outcomes of leadership, which are extra effort, effectiveness, and satisfaction. Meanwhile, the UWES questionnaire measures the dimensions of vigour, dedication, and absorption. It consists of a 7-point Likert scale from 0 to 6, where 0 means "never and 6 means "always, every day."

SEM Considerations

According to Cudeck and Browne (1993),

in SEM a Goodness-of-fit index (GFI) and Comparative fit index (CFI) value, which is greater than 0.90, and Root mean square error of approximation (RMSEA) that is smaller than or equal to 0.08 are indicative of an acceptable fit. Additionally, Hair et al. (1998) argues that an Adjusted goodness-of-fit (AGFI) value approximating 0.90 or greater is within an acceptable threshold. The chi-square goodness-of-fit index may be indicative of model fit. However, the chi-square test to evaluate the model fit is particularly dependent on the sample size (La Du and Tanaka, 1989). As the sample size increases, the chances of rejecting the model (whether true or false) escalate since the increased sample size makes it more likely to detect discrepancies between the implied and observed covariance matrices (Byrne, 2001; Bagozzi and Yi, 1988). Furthermore, Bentler (1990, 1992), and Hu and Bentler (1999) suggest the comparative fit index (CFI) to cater for sample size with a threshold approximating 0.95 being considered a well-fitting model.

Results and Discussion

Descriptive Statistics and Bivariate Correlations

Table 2 provides the descriptive statistics, while Table 3 and Table 4 provide the information regarding the bivariate correlations for the various variables. It is noted that correlations merely show a relationship between variables and should not be construed as causal. This study specifically focused on three leadership styles, namely, transformational, transactional, and laissez-faire. The data collected revealed a noteworthy positive correlation between the independent and dependent variables. To be specific, transformational leadership and staff engagement were moderately positively correlated (0.359**), while transactional leadership and staff engagement were positively correlated (0.194**). This suggests that a transformational leadership style that inspires employees to strive beyond required expectations to work towards a shared vision has a greater positive impact on employee engagement than a transactional leadership approach. It is noted that positive employee engagement reflects the level of enthusiasm and dedication that employees experience towards their job; therefore, they are more likely to be productive and performing higher since engaged employees are prone to experience greater job satisfaction and employee morale. A nurse manager's leadership style is particularly crucial in bolstering the work engagement of staff nurses (Manning, 2016).

The study found a low negative correlation between the gender of employees and their grade (-.189*). The study further suggests that gender does not correlate with the other 25 variables. This study revealed a significant positive correlation between age and nursing experience, indicating that individuals tend to gain more nursing experience as they grow older. Additionally, the correlation between age and grade of nurses was found to be positive and significant, suggesting that older nurses tend to occupy senior positions within the workforce. However, there was no correlation between age and educational level, or age and gender. The results of this study indicate that there is no statistically significant correlation between the educational level of the participating nurses and the antecedents, such as age, grade, gender, and nursing experience. Additionally, this study found no significant correlation between the educational level of nurses and transformational, transactional, and laissez-faire leadership styles. Similarly, there was no significant correlation between educational level and staff engagement. These findings suggest that educational attainment may not necessarily be a determining factor in the leadership styles and staff engagement of nurses.

Furthermore, the findings highlight a significant positive correlation between transformational leadership and employee engagement (.359**). This somewhat confirms Al-Serhan et al.'s (2021) study that found a positive relationship between transformational leadership and staff engagement (0.664**). Literature shows that nurse leaders in a US government hospital favour transformational leadership, finding it to be the most effective (Perez, 2014). According to Avolio et al. (1999) and Bass (1985), transformational leaders possess charismatic traits, and have the ability to inspire their subordinates to exceed expectations. The staff engagement dimensions have a low positive and significant score with the transactional leadership style (.194*). Out of the three dimensions, vigour has the highest score (.222**), followed by absorption (.190*). According to Al-Serhan et al. (2021), there is a moderately positive relationship between transactional leadership and staff engagement.

According to this study, there is a significant negative correlation between passive management by exception and transformational leadership (-.364**). There is also a low negative correlation between passive management by exception and staff engagement (-.154*). Passive management by exception is a leadership style where the leader only acts after a mistake has been made, instead of being proactive (Memon, 2014). This type of leader intervenes only when problems worsen, which can often create more difficulties before any action is taken. Laissez-faire leaders intentionally avoid interacting with their followers, resulting in a lack of active involvement in the organisation. This passive managerial approach is unsuitable for a high-stress healthcare environment, where increased leader-follower interaction is necessary to maintain high employee productivity (Muddle, 2020). Alharbi (2017) suggests that workplace bullying can occur when a nurse leader adopts a laissez-faire leadership style, which may lead to substandard medical care and nurse turnover. Laissez-faire leadership has a negative impact on unit socialisation, and promotes a culture of blame (Merrill, 2015).

Statistic Demographics	Mean	Median	Mode	Std. Dev	Skewness	Kurtosis	Minimum	Maximum
Antecedents								
Gender	1.71	2.00	2.00	0.457	-0.910	-1.186	1	2
Age	2.98	1.00	2.00	2.066	0.972	-0.144	1	8
Experience	3.22	2.00	3.00	2.038	1.001	0.019	1	8
Grade	1.36	1.00	1.00	0.658	1.596	1.167	1	3
Education	3.81	4.00	4.00	0.859	-1.002	2.766	1	6
Leadership								
Transformational	2.80	3.10	2.85	0.5730	-0.602	0.184	0.9	3.8
Transactional	2.65	2.75	2.70	0.6459	-0.094	-0.377	0.8	4.0
Laissez-Faire	1.30	0.88	1.13	0.7282	1.016	0.429	0.3	3.6
Leadership Effectiveness	2.88	3.00	2.94	0.7115	-0.625	0.549	0.3	4.0
Employee Engagement								
Vigour	3.92	4.67	4.00	1.0090	-0.462	0.187	0.0	6.0
Dedication	4.75	5.20	5.00	0.9369	-0.803	-0.031	1.8	6.0
Absorption	4.85	4.60	4.93	0.9965	-0.442	0.334	0.5	6.0
Overall Employee Engagement	4.21	4.82	4.29	0.7998	-0.555	0.199	1.5	6.0

Table 2. Descriptive Statistics of Variables for the Collected Data

Table 3. Legend: Variables for Bivariate Correlations

No	Variable	No	Variable
	Antecedents		***Laissez Faire Leadership***
1	Gender	15	Passive
2	Age	16	Involvement
3	Nursing Experience	17	Overall Laissez Faire Leadership
4	Grade of Respondent		***Leadership Effectiveness***
5	Education Level	18	Extra
	Transformational Leadership	19	Productive (Effectiveness)
6	Attributes	20	Satisfaction
7	Behaviour	21	Overall Effectiveness Leadership
8	Motivator		***Overall Leadership Score***
9	Stimulator	22	Leadership-1 (Excludes Leader effectiveness)
10	Consideration		***Employee Engagement***
11	Overall Transformational Leadership	23	Vigour
	Transactional Leadership	24	Dedication
12	Reward	25	Absorption
13	Active	26	Overall Employee Engagement
14	Overall Transactional Leadership		

Table 3. Legend: Variables for Bivariate Correlations

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
1	1.000																									
2	-0.090	1.000																								
3	-0.110	.880**	1.000																							
4	-.189*	.600**	.643**	1.000																						
5	0.062	-0.074	-0.016	0.011	1.000																					
6	-0.089	0.034	-0.015	0.062	-0.036	1.000																				
7	-0.004	0.046	-0.006	-0.054	0.115	.560**	1.000																			
8	-0.034	-0.073	-0.110	-0.092	0.031	.661**	.680**	1.000																		
9	-0.043	-0.056	-0.138	-.156*	0.009	.507**	.542**	.534**	1.000																	
10	-0.117	-0.116	-0.135	-0.115	-0.052	.587**	.533**	.610**	.528**	1.000																
11	-0.078	-0.056	-0.113	-0.086	0.023	.799**	.802**	.868**	.751**	.806**	1.000															
12	-0.064	-0.067	-0.083	-0.062	0.092	.613**	.564**	.719**	.517**	.553**	.737**	1.000														
13	0.005	-0.044	-0.088	-0.115	0.065	0.137	.320**	.325**	.225**	.243**	.300**	.245**	1.000													
14	-0.035	-0.073	-0.121	-0.119	0.076	.307**	.435**	.502**	.356**	.370**	.481**	.510**	.949**	1.000												
15	-0.096	0.050	0.084	0.019	-0.012	-.369**	-.299**	-.322**	-.275**	-.232**	-.364**	-.343**	0.110	0.008	1.000											
16	-0.128	0.102	0.088	0.101	-0.084	-0.105	-.156*	-0.077	-0.094	-0.043	-0.111	-0.126	0.061	0.032	.580**	1.000										
17	-0.117	0.073	0.084	0.037	-0.047	-.303**	-.277**	-.256**	-.236**	-.175*	-.301**	-.296**	0.102	0.018	.937**	.810**	1.000									
18	-0.118	-.160*	-.225**	-0.087	-0.073	.542**	.448**	.589**	.458**	.513**	.626**	.545**	.297**	.437**	-.250**	-0.018	-.193**	1.000								
19	-0.052	-0.055	-0.100	-0.063	0.008	.710**	.573**	.749**	.564**	.630**	.800**	.711**	.230**	.415**	-.476**	-.150*	-.399**	.702**	1.000							
20	-0.044	-0.018	-0.090	-0.016	-0.074	.700**	.543**	.714**	.529**	.555**	.755**	.631**	.187*	.355**	-.448**	-0.063	-.339**	.607**	.829**	1.000						
21	-0.078	-0.096	-.160*	-0.073	-0.048	.717**	.574**	.755**	.568**	.631**	.806**	.701**	.256**	.441**	-.436**	-0.090	-.346**	.855**	.948**	.880**	1.000					
22	-0.124	0.001	-0.067	-0.065	-0.019	.559**	.625**	.694**	.598**	.643**	.761**	.566**	.531**	.647**	.200**	.350**	.275**	.525**	.517**	.495**	.558**	1.000				
23	-0.132	0.068	-0.070	0.021	-0.075	.300**	.327**	.282**	.218**	.225**	.349**	.236**	.168*	.222**	-0.139	0.091	-0.074	.267**	.336**	.312**	.348**	.301**	1.000			
24	0.055	-0.114	-.234**	-.181*	-0.082	.183*	.221**	.233**	.205**	.171*	.252**	.190*	0.057	0.094	-0.142	-0.051	-0.123	.188*	.257**	.255**	.261**	.179*	.583**	1.000		
25	0.039	-0.142	-.214**	-0.117	-0.065	.193**	.227**	.221**	.195**	.201**	.262**	0.137	.161*	.190*	-0.010	0.018	0.000	.221**	.150*	.161*	.201**	.278**	.397**	.470**	1.000	
26	-0.026	-0.047	-.179*	-0.097	-0.100	.278**	.324**	.307**	.255**	.242**	.359**	.247**	0.137	.194**	-.154*	0.002	-0.116	.287**	.323**	.312**	.347**	.290**	.835**	.835**	.732**	1.000

** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed)
The variable number in the horizontal axis corresponds to the variable number on the vertical axis.

Table 4. Spearman's Rho Analysis (see Table 3 for legend of variables)

Model Testing

Several SEM revisions were tested to ensure that the most appropriate model was achieved. A sample of 295 nurses out of which 180 responded (61%). Due to the relatively small number of complete cases both the Maximum Likelihood (ML) and Generalised Least Squares (GLS) methods were applied. According to Olsson et al. (2000), ML is considerably more insensitive to variations in sample size, but in general more stable and demonstrates higher accuracy in terms of empirical and theoretical fit compared to the other estimators. However, they claim that while GLS requires well-specified models, it allows small samples to do an acceptable job in terms of theoretical and empirical fit. After removing linkages that were not within the acceptable significance level, the revised model depicted in Figure 2 and displaying the standardised coefficients, seems to provide suitable fit indices for the data set. It is noted that a confirmatory factor analysis is conducted for each multi-dimensional construct with composite reliabilities being calculated based on the following formulae (Hair et al., 1998, p624):

$$\text{Composite reliabilities} = \frac{(\text{Sum of standard loadings})^2}{(\text{Sum of standardised loadings})^2 + \text{Sum of indicator measurement error}}$$

Where: Indicator measurement error = 1- (Sum of standard loadings)2

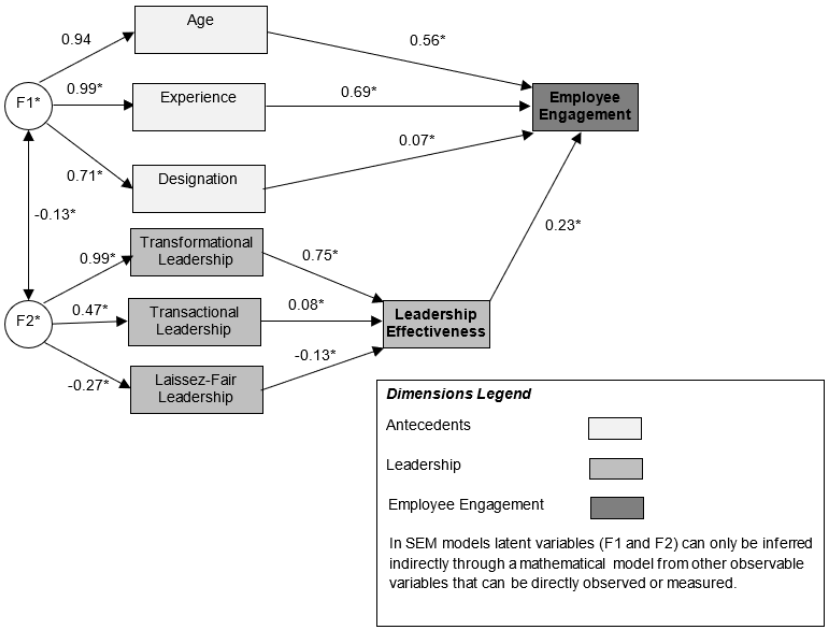


Figure 2. Revised Leadership and Employee Engagement Model for Nurses Working at MDH

Because all the constructs in SEM are exogenous only the measurement model and the associated correlation matrices for exogenous constructs and indicators need to be considered. Table 5 shows that the composite reliabilities for the scales used in the model are highly reliable since they are within the recommended ≥0.50 acceptable threshold. As stated previously, both ML and GLS methods were used to investigate the covariance matrix of the items. The goodness-of-fit of the model is evaluated using absolute and relative indices. Table 6 shows the absolute goodness-of-fit indices that are calculated, these include the chi-square goodness-of-fit index; GFI; AGFI; RMSEA; CFI; and normative fit index (NFI). The attained GFI and CFI values, which are greater than 0.90, and RMSEA (GLS, 0.068; ML, 0.070) that is smaller than or equal to 0.08 are indicative of an acceptable fit (Cudeck and Browne, 1993). Moreover, the AGFI (GLS, 0.91; ML, 0.91) is shown to be at the acceptable threshold. The chi-square goodness-of-fit index indicates that the assumed SEM model is to be rejected. In this case the chi-square value can be used as an appropriate fit index due to the small number of cases in the data set (La Du and Tanaka, 1989; Byrne, 2001; Bagozzi and Yi, 1988). Moreover, Table 7 demonstrates that there were only small differences in the standardised coefficients using the GLS and ML methods.

Exogenous Constructs	Composite Reliability
Leadership	
Transformational Leadership	0.893
Transactional Leadership	0.640
Laissez-Faire Leadership	0.858
Leadership Effectiveness	0.888
Employee Engagement (overall)	0.744
Other Reliability Coefficients	
Coefficient alpha (optimal short scale)	0.961
Greatest lower bound reliability	0.924
Li-Bentler corrected greatest lower	0.921
GLB Reliability for an optimal short scale	0.957
Shapiro's lower bound reliability for a weighted composite	0.969

Table 5. Reliability of Scales: Composite and Other Reliability Coefficients

Model	N	Chi-sq.	df.	Sig.	GFI	AGFI	RMSEA	NFI	CFI
GLS	180	185.460	28	.04	0.97	0.91	0.068	0.88	0.94
ML	180	796.589	28	.04	0.97	0.91	0.070	0.97	0.99

Table 6. Leadership Effectiveness and Employee Engagement Model Fit Indices

	Leadership Effectiveness	
Leadership Dimensions	**GLS**	**ML**
Transformational	0.76*	0.75*
Transactional	0.07*	0.08*
Laissez-Faire	0.12*	-0.13*
Employee Engagement	0.23*	0.23*

(* $p<.05$)

Table 7. Differences in the Standardised Coefficients using the GLS and ML Methods

Additionally, Bentler (1990, 1992), and Hu and Bentler (1999) suggest the comparative fit index (CFI) to cater for sample size with a threshold approximating 0.95 being considered a well-fitting model. In this case the CFI is 0.94 for GLS and 0.99 for ML, which is therefore considered as an acceptable fit. The findings at Table 6 suggest that the model fit is good, implying that we have found sufficient support for accepting the hypothesised research model. Therefore, the model at Figure 2, supported by Table 8 (direct, indirect and total effect) and Table 9 (Standardised solution R-Squared) provide the necessary information to answer the principal research question is: What is the impact of the dominant antecedents and leadership types on effective leadership and employee engagement for nurses working MDH?

Relationship	Age	Nursing Experience	Designation (Grade)	Transformational Leadership	Transactional Leadership	Laissez-Faire Leadership	Employee Engagement
Effective Leadership→							
Direct				0.938	0.090	0.125	
Indirect							
Total				0.754	0.081	0.127	
Employee Engagement→							
Direct	0.213	0.269	0.085				
Indirect				0.177	0.019	0.030	
Total	0.557	0.694	0.071	0.177	0.019	0.030	0.234

$p<.05$

Table 8. Direct, Indirect & Total Effect of Effective Leadership and Employee Engagement (ML model)

	GLS	ML
Leadership Effectiveness	0.70*	0.70*
Employee Engagement	0.13*	0.13*

(* $p<.05$)

Table 9. Standardised Solution (R-Squared)

The Leadership Effectiveness and Employee Engagement Model at Figure 2 shows that out of the five antecedents, only age, nursing experience, and designation features in the model. These three antecedents, which have a significant positive impact on employee engagement, appear to be related by the fact that the older the nurses become, the more experience they attain, and the greater the likelihood of being promoted to a higher grade. One should note that the bivariate correlations showed no significant association between the personal antecedents and the three leadership types. Furthermore, only nursing experience appears to have a significant negative correlation with effective leadership and employee engagement. Therefore, the hypothesis that dominant antecedents are good predictors of nurse engagement is partly accepted (for age, nursing experience, and designation) and the suggestion that the dominant antecedents are good predictors of effective leadership is rejected outright.

Moreover, Figure 2 and Table 7, which shows the standardised coefficients using both the GLS and ML methods show that effective leadership is a consequence the three leadership types, but transformational leadership appears by far to have the greatest impact on effective leadership. Additionally, employee engagement is a consequence of effective leadership and several antecedents, namely nursing experience, age and grade. However, the greatest impact is nursing experience followed by age. Therefore, the supposition that nurse engagement is a consequence of leadership type and effective leadership (mostly influenced by transformational leadership type) is mostly accepted. A possible explanation for the above findings will be provided in the next section.

Conclusion

The SEM outcomes show that few antecedents affect employee engagement, with experience having a high impact. The SEM model implies that as nurses get older and their experience increases, their level of mental and emotional connection toward the work they do, their teams, and their organisation increases. Furthermore, their level of engagement does not increase at a constant rate with age but at a significantly higher degree with the years of experience they contend with doing nursing work (i.e., impact of age is 0.56 and experience is 0.69). Thus, nursing experience has a significantly higher positive influence on employee engagement. Additionally, the findings suggest that employee engagement is not affected by a nurse's gender and educational level. This implies that all nurses are able to feel a deep connection to the organisation and are passionate about their work, irrespective of their gender inclination and educational background. The SEM model suggests that the personal characteristics (antecedents) are not prevalent in terms of the leadership types. This implies that no matter what the personal characteristics of the nurses, their perception towards the leadership types does not make a difference.

The SEM findings also suggest that in nursing management, the most suitable style is transformational leadership (0.75). This type of leadership encourages and inspires employees to innovate and develop new ways to grow and improve the path to an organisation's health care future success. Transactional (0.08) and laissez-faire leadership (-0.13) types have a much lower impact on leadership effectiveness. The model findings suggest that while transactional leadership has a minimal positive impact on leadership effectiveness, laissez-faire leadership has a significant negative impact. This implies that while transactional leadership may facilitate nurses to fulfil their own self-interests, the nurses' self-interest is not a main concern for them. Moreover, with laissez-faire leadership, where leaders display a passive indifference towards their followers (Moss & Ritossa, 2007); and are inclined to move out from the leadership role and offer little direction or support to followers (Kirkbride, 2006) is noticeably reflected in the negative impact with leadership effectiveness. This finding implies that laissez-faire leadership sways nurses to experience a reduction in their level of involvement, satisfaction, and enthusiasm towards their job. In contrast, when employees are highly engaged, they feel a deep connection to the organisation and are passionate about their work (Gallup, 2013).

The SEM findings show a significant positive impact of leadership effectiveness and employee engagement. The literature reveals that a leader who is able to motivate and empower employees can have a profound impact on their team engagement and performance.

Effective leadership motivates employees and promotes positive employee performance and growth in organisations (O'Brien Grant, 2019).

The SEM Model shows that the link between the leadership types is through leadership effectiveness and not directly through the specific leadership types. This may imply that a leader may have a mixture of leadership styles whilst performing its management function, but the predominate style is preferably transformational. The study appears to confirm the finding of Popli and Rizvi (2016) that suggest a strong need to focus on employee engagement and leadership behaviours that need to be calibrated often to keep employees engaged.

Enhancing health worker engagement is a crucial goal for leaders in the healthcare sector. Investing in developing transformational leadership skills can be a practical approach that leads to improved patient care outcomes. Furthermore, leadership styles significantly impact employee engagement and organisational growth. Leaders who prioritise their employees' well-being by demonstrating care, concern, and respect can enhance their employees' interest in their work, leading to better performance and job satisfaction. Therefore, fostering a culture of supportive leadership can have a positive impact on the entire team and the organisation as a whole. These findings provide a strong foundation for future academic research on employee engagement within the healthcare sector. Moreover, the managerial implications of the study could aid in establishing better managerial structures in the healthcare sector through effective leadership techniques. This could lead to improved patient care due to increased engagement levels. Considering the above, it is recommended that management build a motivated and productive workforce by recognising the employees' work effort; and to foster a transformational leadership style to increase leadership effectiveness and employee engagement.

Finally, it is worth noting that the effectiveness of specific leadership styles may vary across cultures. Mater Dei Hospital has diverse workforce includes individuals from European and non-European countries. Given the cultural diversity within the organization, an empirical study on the impact of culture on leadership styles may be beneficial. It is essential to recognise that culture encompasses religious beliefs and traditions, influencing the three leadership styles examined in this research.

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02

A Green Team Approach to Sustainable Waste Management: Insights from a Public General Hospital Case Study

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Abstract

The creation of tonnes of non-hazardous waste created by hospitals annually could have serious consequences, both for the organisation as well as on a national level if it is not treated with a sense of urgency. This study was carried out to investigate if a possible introduction of a Green Team could help Mater Dei Hospital (MDH) reduce and better manage its non-hazardous waste, in a bid to become more environmentally sustainable.

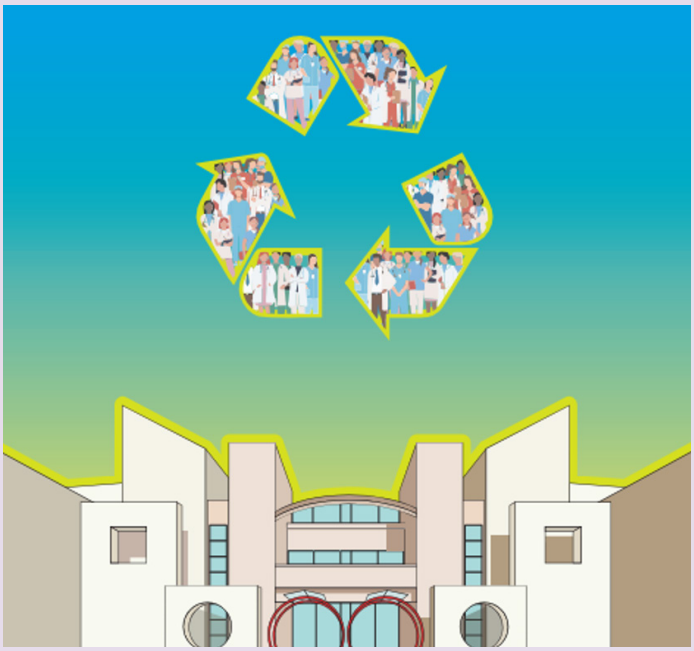
Objectives: The study aims to assess Mater Dei Hospital's non-hazardous waste management, gather opinions on a Green Team's potential, and propose strategies for enhancing environmental sustainability through waste reduction and management.

Methods: An inductive exploratory study was done via two semi-structured interviews to officials from the waste management unit and three focus groups which included doctors, charge nurses, staff nurses, and ward clerks. Data was analysed using a thematic analysis approach.

Results: Three main themes were generated from the collected data, which are: a) current practices in the system, b)Green Team initiatives, and c) education.

Conclusion: The study highlighted the need for Mater Dei Hospital (MDH) and healthcare facilities worldwide to address the challenges associated with waste management and environmental sustainability. Moreover, the study stressed the need for comprehensive educational initiatives and the establishment of a hospital Green Team.

Keywords: "Hospital Green Team","Hospital Environmental Sustainability","Circular Economy","Hospital Non-Hazardous Waste Management".



Graphical Abstract: Conceptual Leadership and Employee Engagement Model for Nurses at MDH

Highlights

- This study focused on gathering data on a hospital's non-hazardous waste management system
- The opinion of healthcare professionals on the introduction of a hospital Green Team
- Creation of a set of initiatives which the hospital Green Team can focus on to improve hospital environmental sustainability.

Abbreviations

MDH: Mater Dei Hospital **WHO:** World Health Organization **WMU:** Waste Management Unit

Introduction

On a daily basis, hospitals generate a substantial amount of waste ranging from medical supplies to administrative materials, which represents a significant global health challenge (Borowy, 2020). It is estimated that approximately 85% of this waste is categorized as general, non-hazardous in nature (often including items such as paper, plastic, food, and other general refuse), whilst the remaining 15% is labelled as hazardous which can be of an infectious, toxic, or radioactive nature (WHO, 2018). The proper management of all waste is imperative not only in relation to environmental sustainability but also for ensuring the public health and safety of the general population. While hazardous waste in healthcare facilities has been extensively studied and regulated, the management of non-hazardous waste has received comparatively less attention.

In recent years, there has been a growing recognition on the importance of addressing the non-hazardous waste in hospitals and other healthcare facilities. Despite its non-hazardous nature, improper disposal, or mismanagement of this type of waste can still have significant consequences including increased environmental pollution, potential health risks, and financial burdens on healthcare organisations. A well-designed strategy to manage such waste appropriately and safely in hospitals requires a comprehensive approach that encompasses elements of waste reduction, segregation, recycling, and proper disposal. Evidence suggests that through the introduction and implementation of practices such as waste audits, staff education, and appropriate waste management protocols, the environmental impact can be minimized, and hospitals can further benefit by efficiently maximizing the use of available resources (Kenny & Priyadarshini, 2021).

This case study explores current practices and challenges associated with non-hazardous waste management at Mater Dei Hospital (Malta's main public general hospital). Through an examination on the effectiveness of existing waste practices and identification of areas for improvement, the findings contribute to the development of recommendations for sustainable waste management within the selected hospital setting. The study also focuses on the advantages associated with the introduction of dedicated Green Teams and the shift towards a more environmentally sustainable provision of healthcare service.

Being the main general public hospital on the island, Mater Dei Hospital (MDH) serves the local population with all the health care requirements centralised under one roof. The hospital, located in the centre of Malta can accommodate approximately 1000 beds, and up to 2019, catered for around 100,000 admissions on a yearly basis (Cuschieri et al., 2020). Within the vast complex one can find an array of inpatient and outpatient treatments ranging from the provision of general medical and surgical care to more specialised wards and units, including a fully fletched accident and emergency department, several operating theatres, intensive care units, and specialist maternity and paediatrics services.

The study had three major objectives:

- To gather an overall understanding of how the hospital's non-hazardous waste stream works, as well as what was the current situation with regards to the non-hazardous hospital waste management.
- To explore the subjective opinions of the selected participants, on the possible introduction of a Green Team and how this would help Mater Dei Hospital reduce and better manage its non-hazardous waste.

- The creation of a set of proposals to Mater Dei Hospital on how the introduction of a Green Team can help the organisation reduce and better manage its non-hazardous waste, in order to become a more environmentally sustainable hospital.

Following a review of current literature on the phenomenon, consultations with industry professionals, and identification of existing knowledge gaps the following research question was formulated:

'How can the introduction of a Green Team help Mater Dei Hospital reduce and effectively manage its non-hazardous waste?'

Review of current literature

Extant literature on the topic under study emphasises on the fact that inadequate and improper disposal of waste in health care facilities is becoming a global major concern (Khalid et al., 2021). The waste generated by healthcare facilities differs completely from discarded materials created by other industries, and this is often further complicated by the complexity in the manner healthcare facilities are organised, including multiple sources of waste generation (Puangmanee & Jearanai, 2018). Healthcare providers often make use of a combination of both in-house and off-site waste management techniques. Off-site waste management includes the transportation of waste to approved disposal facilities, while on-site waste management involves waste-segregation (as part of the collection), storing, and treatment within the premises (Letho et al., 2021).

The role of the healthcare workforce in managing waste

As the recognition of the impact of climate change and other environmental concerns on human health increases, it is imperative for healthcare providers to implement sustainable healthcare practices. This recognition has led to a rise in the development of climate and sustainability position statements and policies by health care facilities (Schwerdtle et al., 2019). To equip upcoming healthcare professionals for the environmental change happening worldwide, it is crucial to integrate environmental sustainability effectively into the education of health care professionals (Schwerdtle et al., 2019).

Mekawy (2023) outlines several recommendations as to what nurses and other health care personnel can do to actively promote environmental sustainability within the workplace. The suggestions can be divided into several initiatives that can be performed on an individual basis, and others targeted at a collective or group level, as represented in Table 1.

Individual initiatives	Group initiatives
Educate other staff on sustainability	Start a *Green Team* to raise awareness and initiate sustainability programmes
Promote going paperless, avoid unnecessary printing and when possible print on both sides	Start recycling programmes
Turn off lights that are not in use	Run a green transportation campaign
Unplug small appliances when not in use	Suggest replacing old light fixtures with new ones which are more energy efficient
Where applicable, avoid single use plastic items	Suggest to the organisation to grow a garden at the place of work
Talk to patients about climate change	Hold sessions related to environmental sustainability
Reuse anything where applicable and possible	

Table 1: Individual and group initiatives on healthcare workers role in environmental sustainability

Creating a culture of sustainability through Green Teams

The concept of Green Teams refers to the official setup of a dedicated group of individuals united in pursuing the common goal of adopting and executing environmentally conscious practices and programs within an organization (Khatrouch et al., 2014). The role of a hospital Green Team is to hand out knowledge to both staff and patients about the mutual relationship there is between the organisation and the environment. McDermott-Levy (2011) suggests that the key factor in making the health care industry greener is having a green approach from the starting point of each health care professional's study journey. The team is also responsible for developing strategies and formulating plans on how the hospital can reduce its harmful effect on the environment and making the organisation a more environmentally sustainable one (Mejia and Sattler, 2009).

The idea of hospital Green Teams emerged in the late 20th century, largely in response to growing concerns about environmental sustainability and healthcare-related pollution. While it is challenging to pinpoint an exact date and location for their inception, the movement gained traction in the 1990s in various hospitals across the globe. One notable success story comes from the University of Vermont Medical Center, where their Green Team implemented initiatives to reduce waste, conserve energy, and promote environmentally friendly practices. Through efforts such as recycling programs, energy-efficient upgrades, and staff education, they significantly decreased their environmental footprint while maintaining high-quality patient care (The University of Vermont Health Network, 2023).

The emergence of healthcare waste and circular economy

Between 1900 and 2000, the global production of waste surged tenfold, and projections indicate a doubling by 2025, surpassing the generation rate of other environmental pollutants, such as greenhouse gases (Hoornweg, Bhada-Tata, Kennedy, 2013). This escalation can be attributed to various factors, including population growth, increasing affluence, urbanization, the adoption of packaging-intensive purchasing practices, and the widespread use of plastic, a material predominantly manufactured and discarded outside the household (Borowy, 2020).

This transition toward a culture of disposability has extended to the healthcare sector, whereby in the 1970s, the adoption of plastic-based equipment became prevalent. Plastics found extensive application in numerous medical products, ranging from syringes to intravenous infusion bags, mainly due to their cost-effectiveness, low production energy requirements, lightweight nature, and biocompatibility (North & Halden, 2013). Plastic makes up the majority of these disposable medical goods, which are frequently utilised for a variety of medical procedures, with the environment being seriously threatened by their inability to biodegrade (Kazançoğlu et al., 2021). Despite concerns regarding the health risks associated with plastics, their attributes have made them indispensable for the development of market specialising in single-use disposable medical devices.

In response to the escalating challenges posed by waste generation and disposal, there has been an increasing interest in the concept of the circular economy. Unlike the traditional linear economy, which follows a 'take-make-dispose' model, the circular economy aims to minimize waste and resource consumption by maximizing the reuse, refurbishment, recycling, and recovery of materials and products. The concept of a circular economy strives to establish a purposeful and well-designed system that is restorative or regenerative in nature by eliminating waste through superior design of materials, products, processes, and business models (Fura et al., 2020).

This paradigm shift presents an opportunity for industries, including healthcare, to rethink their production and consumption patterns, moving towards a more sustainable and regenerative approach. By embracing the principles of the circular economy, healthcare systems can not only reduce their environmental footprint but also enhance resource efficiency and resilience.

Hospital environmental sustainability

The health care industry is responsible for 4.4% of the global net greenhouse gases emissions; with the United States, China and the European Union coming in the top three emitters responsible for more than half of the global carbon footprint (Karliner et al., 2020). McGain & Naylor (2014) emphasise on the fact that a process could only be said to be sustainable once it has the capability to be continued in the future, without causing any harm to the ecosystems, causing additional financial burden on the organisation or depleting natural resources.

In a paper written on environmental sustainability of hospitals, authors Kumar and Chaudhary (2021) published a framework on which hospitals should focus their attentions in order to reduce the environmental impact and become a more environmentally sustainable hospital. Their framework (Figure 1) was adopted from the hotel industry and consists of seven pillars that according to the authors, are vital when hospital management is tackling environmental sustainability.



Figure 1: Hospital environmental sustainability pillars Source: Kumar and Chaudhary, 2021, Figure 1, p.5

In conclusion, the literature reviewed underscores the critical importance of addressing the inadequate and improper disposal of waste in healthcare facilities, which has become a global major concern. Healthcare waste management presents unique challenges due to the complexity of healthcare facility organization and multiple sources of waste generation highlighting the importance for comprehensive waste management strategies. Henceforth the need for concerted efforts to integrate environmental sustainability into healthcare practices, emphasizing the role of healthcare professionals, Green Teams, and the adoption of circular economy principles in mitigating the environmental impact of healthcare operations is deemed imperative.

Methodology

To achieve the objectives of this study, an inductive qualitative methodology was adopted. Understanding the context of research is prioritised by such approach, which emphasizes that researchers often seek to comprehend behaviour, values, beliefs, and other relevant elements within that context (Azungah, 2018). Qualitative research provides elaborative and comprehensive explanations that are hard to attain through quantitative methods. Azungah (2018) adds that qualitative research will therefore provide the context and clarity of the study topics. Furthermore, qualitative research provides an opportunity to develop concepts, insights, and understandings from patterns found in the collected data, as opposed to obtaining data to test pre-set models, hypotheses, or theories (Taylor et al., 2016).

Research Design

Participants

Identifying suitable participants is a key aspect of the study design phase (Sargeant, 2012). A manager and an employee working at the waste management department within MDH were invited for a semi-structured interview, as well as organising three focus groups; two of which formed by nurses working in MDH, and another focus group formed by two medical doctors, three ward clerks and a charge nurse. Having the selected population chosen for the study, provided in-depth information on the non-hazardous waste system of MDH, starting from the creators of waste at ward level, all the way to the handlers at the waste management department, till the waste leaves the hospital premises. The selection criteria for participants in both semi-structured interviews and focus groups included being over 18 years of age, English-speaking, and willing to participate voluntarily in the study. Additionally, for semi-structured interviews, participants were required to have worked at the waste management department of MDH for over 6 months to ensure familiarity with the hospital's waste management policies. For focus groups, participants needed to have worked at the ward level in MDH for more than 6 months.

Data collection

All interviews and focus groups were conducted with open ended questions, lasting around thirty to forty-five minutes each. These methods provided insights into the viewpoints and perspectives of the participants regarding the respective subject matter. Semi-structured interviews and focus groups allowed for flexibility in exploring participants' experiences, attitudes, and beliefs on the topic of interest. These techniques also offered possibilities for interaction and building on one another's comments, which helped participants gain a deeper comprehension of the subject.

Piloting the interview

The primary aim of a pilot study is to ensure researchers grasp recommended methodologies before diving into a full investigation, rather than yielding specific research outcomes. It serves as a crucial step in refining research design to eliminate major flaws (Lowe, 2019).

In this study, a pilot involved selecting one participant for a semi-structured interview. Lasting around 35 minutes, it helped to familiarize with the interview process and practice transcribing audio. It also provided valuable experience in probing participants for pertinent data, keeping them engaged and on track.

Data analysis

Following each episode of data collection, all interviews were transcribed ad verbatim. Bailey (2008) emphasizes that transcription is a close observation of data through repeated and cautious listening, which is an integral initial stage in data analysis. Following transcription, a Thematic Analysis approach was applied, which made it possible to group the data and gain a better insight of what was discussed during the data collection period.

Thematic Analysis is a technical method for finding, analysing, and reporting patterns, known as themes, in data, (Castleberry and Nolen, 2018). Data analysis of a qualitative study can be done by following five steps, namely: compiling, disassembling, reassembling, interpreting, and concluding. These steps are done by compiling the data in a form of transcript, dissembling it by creating meaningful groups known as codes, and reassembling it by placing the codes into context of each other, which will then form themes. Then, once the themes are formed, an interpretation of those results must be done by extracting excerpts from the data and a relation is found. These interpretations would then be used as a base for the conclusions which will eventually serve as a response to the research question and/or objective (Castleberry & Nolen, 2018).

Based on this model and following the transcription process, a set of codes and subsequent themes have been generated. The coding process involved the identification of meaningful segments within the data. These codes represent a concise, memorable, and suggestive attribute of that portion of language-based information. This label could be a word or a brief sentence that sums up the crucial or remarkable aspects of the data (Skjott Linneberg and Korsgaard, 2019).

Ethical Considerations

Ethical considerations were paramount in this study, conducted within MDH. Adherence to both academic and hospital guidelines ensured participant and organizational safety. Approval was obtained from IDEA Academy and MDH, with a focus on participant privacy and confidentiality. Interviews were conducted anonymously in private rooms, with data securely stored and destroyed within two years as per Data Protection Act 2018. COVID-19 protocols were followed during hospital interviews. Questions focused solely on organizational waste, minimizing personal impact.

Results

The Thematic Analysis yielded three primary themes and a total of nine sub-themes, as detailed in Table 2 below.

Theme	Sub-theme
Current practices in the system	• Excessive use of paper • Overuse of plastic • Lack of waste segregation
Green team initiatives	• Green team introduction and its importance • Auditing and evaluation of the current system • Initiatives and tasks
Education	• Importance of education • Educational campaigns • Ward Observations

Table 2: Emerging themes and sub-themes post data analysis.

Theme 1: Current practices in the system

During all interviews and focus groups, it became clear that hospital staff engaged in mostly unfavourable waste management practices. The situations mentioned during the data collection highlighted several malpractices found throughout the hospital. Such practices included the excessive use of paper, the overuse of plastic, and the lack of a proper and effective waste segregation system.

Throughout MDH, there was a noticeable overabundance of paper usage. Beginning with the inpatient wards and continuing through the maintenance department, hospital management, and staff members employed by outsourcing and subcontracting firms. Although it was a common practice that ward staff used an exorbitant amount of paper, common malpractices were pointed out during the data collection period of this study which could easily eliminate the use of paper and shift towards a more paperless system. The gravity of the situation is demonstrated by the fact that all participants agreed on this point.

One participant explained that "The hospital can provide each doctor's firm with a fast-working tablet, which eliminates all the paper used to print results. Doctors can easily access patient's data by simply inserting their ID cards as we already have this sort of database running well with iSOFT." (P8)

Throughout all the interviews and focus groups, there was a unanimous consensus amongst participants that something needs to be done and that this matter must be treated with urgency. All participants showed concern with regards to their practices and all participants expressed the wish for a change in this practice. The same sentiment was expressed with regards to the second sub-theme that emerged from the thematic analysis, namely the overuse of plastic. Once again, across the board agreement from all the participants that took place was reached. All participants agreed that MDH has an overuse of plastic and can easily shift certain things to reusable materials. During the data collection period, items such as the delivery of the laundry as well as the consumption of disposable items, were the major concerns raised.

One member from a focus group went on to suggest that "if we take the laundry for example, we use tons of laundry. They should be delivered to the wards in large reusable bags or boxes, similar to how the weekly pharmacy tablets are delivered" (P3), with another member adding that "the system can also work with a washable cloth like we already have in the ward. Like the cloth sacks that we throw away the dirty laundry, the same device can be used to bring the clean laundry, delivered to our ward in them in replacement of all the single-use plastic that we consume." (P17)

The third and final sub-theme that emerged from the analysis was the lack of waste segregation at MDH. This topic was certainly the most discussed item during the data collection. Starting from the interviewees at the waste management unit (WMU), all the way through all focus groups. The lack of a proper waste segregation system is one of the major malpractices found within MDH.

An employee from the WMU argued that "From our end, we are ready to implement segregation programs" (P2). All study participants reached a consensus, indicating that hospital staff members are open to changes and that people are aware of the issue. However, they will require additional support and incentives from the organization to initiate a suitable waste segregation system. During one of the focus groups, a participant mentioned that "by introducing segregation and recycling programs, we can divert tons of materials from landfills and reduce the overall environmental impact of the healthcare facility, but first we need the introduction of a robust segregation programme" (P11).

Theme 2: Green team initiatives

This theme provided the results of the data gathered regarding Green Team initiatives. Following participant exploration of the possible benefits of having a Green Team within MDH, this theme was established. The goal of the study was to determine how a Green Team at MDH could improve environmental responsibility and sustainability. Through focus groups and interviews, participants' opinions, experiences, and ideas for implementing a Green Team were gathered and examined.

The introduction of a hospital Green Team was one of the main pillars of this study and hence a main topic in the data collection period. Participants were all asked if they think that the introduction of a Green Team could help MDH reduce and manage better its non-hazardous waste in a bid to become more environmentally sustainable. Once again, this question found total agreement from all participants, starting from those who work at the WMU, all the way to the different professions that took part in the focus groups. In fact, one participant said that having a Green Team "would help, for sure. If the Green Team manages the education part, it will surely make the system more efficient, so the system will work better" (P1).

Participants also expressed their positive opinion of having a hospital Green Team since it will serve as a direct environmental representative. However, the main concern of participants was who will be forming this team, with two participants explained that the team "should be run by people with a medical background knowledge" (P7).

The list of initiatives that the Green Team could take over was the crux of the discussion during the data collection period. The main task that the Green Team could take over in MDH was an introduction to a robust waste segregation programme. The lack of a robust waste segregation programme at ward level was a major concern to all the participants. One participant from the WMU indicated that "MDH currently produces around 5 tonnes of non-hazardous waste every single day. What needs to be done is that wards must be supplied with all the necessary equipment so that the separation is done properly…" (P2).

Aside from the introduction of a waste segregation programme, other suggestions of tasks which the Green Team could take charge of included a hospital-wide audit of the current system to evaluate what any tasks they plan to take on. Other suggestions included the introduction of a staff transport system, and energy efficiency measures such as photovoltaic panels and solar water heaters. One participant went on to say that "I do understand the capital investment required, but then again, it's an investment not an expense. It will provide a return, both financially and more importantly, environmentally" (P16).

Theme 3: Education

The final theme that was created through the coding process is Education. Undoubtedly, education was a major pillar in the data collection of this study. Different aspects of education were mentioned by the participants both during the interviews with the WMU personnel as well as the various professions that participated in the focus groups. Primarily, the three main points that were brought up by the participants were: the importance of education; educational campaigns; and the performance of ward observations by the hospital Green Team.

The importance of education with regards to the non-hazardous waste of the hospital was discussed with all participants. During the semi-structured interviews, WMU personnel emphasised that education is the key to success if we must see MDH become a more environmentally sustainable hospital. In fact, WMU personnel said: "There has to be more awareness, particularly at ward level but also anywhere else around the hospital" (P2).

During the discussions with participants, it was noted that to educate staff might be easier said than done. Participants in both the interviews and focus groups all suggested that campaigns should be held continuously and should not be a one-time thing. Some participants also suggested that should there be a Green Team inside MDH, they could liaise with the University and other schools which train health professionals, such as MCAST and IDEA Academy, to offer lectures, possibly even a whole credit on the hospital waste system, and how the hospital can become more environmentally sustainable.

The final sub-theme that was created through the thematic analysis process was the "Ward Observations" theme. Participants compared these ward observations to other current practices, and everyone acknowledged the effectiveness of these observations. During one of the focus groups, one participant said that "These ward observations can also help to teach all staff on how to reduce waste in the first place. A simple observation can prevent unnecessary printing, perform proper waste segregation, etc." (P12).

Discussion

The findings of this study not only echo the challenges faced by Mater Dei Hospital (MDH) but also shed light on broader issues within the healthcare sector regarding waste management practices. Aligning with the insights from the extant literature, the study underscores the urgent need for proactive measures to address these challenges while emphasizing the importance of integrating environmental sustainability principles into healthcare practices.

One of the primary concerns highlighted by participants in the study is the extensive use of paper and single-use plastics within MDH. Despite the potential for straightforward solutions, such as transitioning to paperless practices, cultural factors within the healthcare profession present barriers to change (Thimbleby, 2019). This reluctance to adopt sustainable practices underscores the complexity of implementing change within healthcare organizations, as discussed by Puangmanee and Jearanai (2018), who emphasize the multifaceted nature of waste management in healthcare settings. Furthermore, the lack of waste segregation programs within MDH is a significant challenge identified by participants, echoing concerns raised in the literature about the proper disposal of healthcare waste (Haifete et al., 2016). Effective waste segregation is crucial for reducing the volume of waste and mitigating environmental impact, aligning with recommendations from Khalid et al. (2021) regarding the importance of comprehensive waste management strategies.

In response to these challenges, participants expressed a common desire for improved educational initiatives focused on waste reduction and improved waste management practices. This aligns with the literature's emphasis on integrating sustainability principles into healthcare education (Schwerdtle et al., 2019). Mekawy (2023) outlines individual and group initiatives that healthcare professionals can undertake to promote environmental sustainability within the workplace, highlighting the importance of collective action. Moreover, the establishment of a Green Team emerges as a promising solution to drive environmentally conscious practices within MDH, aligning with recommendations from Khatrouch et al. (2014) and Mejia and Sattler (2009). Green Teams play a crucial role in fostering a culture of sustainability within organizations, as they are responsible for developing strategies and formulating plans to reduce the environmental impact of operations.

The broader environmental impact of healthcare operations cannot be overstated, as highlighted in the literature (Karliner et al., 2020). Kumar and Chaudhary's (2021) framework for hospital environmental sustainability provides a comprehensive roadmap for addressing environmental concerns within healthcare settings, emphasizing the importance of sustainable practices across various pillars.

In conclusion, by integrating the findings from this study with insights from the extant literature, it becomes evident that addressing waste management challenges in healthcare facilities requires a multifaceted approach. Mater Dei Hospital can mitigate its environmental impact by implementing comprehensive waste management strategies, fostering a culture of sustainability through Green Teams, and embracing circular economy principles. Through concerted efforts, MDH can move towards a more sustainable future in healthcare, aligning with global initiatives to promote environmental stewardship within the healthcare sector.

Conclusion

This study encountered several limitations due to the originality of the research topic, particularly within the context of Malta. The uniqueness of the subject matter posed challenges in recruiting participants, as it is not a topic commonly discussed in everyday conversation.

Moreover, another significant limitation arose from the observation that many employees within the waste management unit had a limited level of education impacting on the articulation of the phenomenon under study. While this aspect was duly acknowledged and respected, it presented an additional obstacle as these individuals found it more challenging to articulate their experiences working at the waste management unit of MDH. Despite these limitations, diligent efforts were made to mitigate their impact, including extensive outreach efforts to potential participants and employing various communication strategies to facilitate meaningful engagement with all participants, regardless of educational background.

In conclusion, this exploratory case study underscores the pressing need for Mater Dei Hospital (MDH) and healthcare facilities worldwide to address the challenges associated with waste management and environmental sustainability. The findings highlight persistent issues such as the overuse of paper and single-use plastics, inadequate waste segregation practices, the need for comprehensive educational initiatives and establishment of Green Teams. Aligned with insights from the extant literature, the study emphasizes the complexity of waste management in hospital settings and the importance of integrating sustainability principles into healthcare practices. The reluctance to adopt sustainable practices underscores the cultural barriers within the healthcare profession, necessitating concerted efforts to promote behavioural change and organizational transformation.

The establishment and introduction of Green Teams emerges as a promising solution to drive environmentally conscious practices within MDH and similar healthcare organizations. By developing strategies and formulating plans to reduce the environmental impact of operations, Green Teams can foster a culture of sustainability and facilitate the implementation of comprehensive waste management strategies. Moreover, the broader environmental impact of healthcare operations extends beyond individual institutions, emphasizing the importance of the findings within an international dimension.

As global concerns about climate change and environmental degradation continue to escalate, healthcare facilities play a pivotal role in mitigating their environmental footprint and promoting sustainable practices. Moving forward, Mater Dei Hospital and similar healthcare facilities worldwide must prioritize environmental sustainability and waste management initiatives. By embracing circular economy principles, integrating sustainability into education and practice, and fostering collaboration through Green Teams, healthcare organizations can contribute to global efforts to create a more sustainable future for generations to come.

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Authorship

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Damian Baldacchino – 80%
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03

A detailed approach to vicarious traumatisation within nursing staff at Sir Anthony Mamo Oncology Centre

Raissa Camilleri

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Abstract

Objectives: This study explores a detailed approach to vicarious traumatisation within nursing staff working in Malta's main oncology hospital.

Methods: In this qualitative study, twelve oncology nurses who work at Sir Anthony Mamo Oncology Centre participated in individual face to face, semi structured interviews using purposive sampling, as they satisfied the prerequisite criteria. Data analysis was carried out through the thematic approach as it was considered to be appropriate for this research. Themes were extracted from the data collected after the transcriptions of all interviews were analysed.

Results: The main analysis focused on the themes and their respective sub-themes, with the four primary themes being: behavioural aspect and attitudes; organisational and operational challenges; personal and professional coping strategies; and personal and organisational support structure.

Conclusion: This study aimed to understand the level of knowledge of vicarious traumatisation, whereby it was noted amongst the majority of the participants that the presence of vicarious trauma leaves an adverse effect on the nurses' place of work and their personal life. There are measures in place which the management makes available to all the healthcare workers, however the professionals interviewed did put forward a number of ideas and suggestions from their perspective that will enhance the accessibility and variety of measures in place.

Keywords: "Oncology Nurses","Vicarious Traumatisation","Burnout", "Compassion Fatigue","Secondary Traumatic Stress".



Highlights

- The study focused on vicarious trauma within oncology nurses at Sir Anthony Mamo Oncology Centre.
- The results were obtained from semi-structured interviews so that the interviewee has the ability to give feedback and discuss.
- The findings provide a snapshot of the situation within the oncology nurses, with vicarious traumatisation being an alarming concern if not dealt with properly and early.
- Provided that there are lack of local studies that deal with vicarious traumatisation and oncology nurses, this research and results obtained can be a good start to assist and support in decision making.

Abbreviations

VT: Vicarious Traumatisation **SAMOC:** Sir Anthony Mamo Oncology Centre **STS:** Secondary Traumatic Stress

Introduction

The healthcare system is one of the pillars in Malta and has been the focus of many discussions in the past years. The originating factor behind the study stemmed up from my own work experience of a period of five years working as an oncology nurse at Sir Anthony Mamo Oncology Centre (SAMOC). This aided in understanding and to comprehend various elements from this study when analysing the different factors that directly affect oncology nurses through Vicarious Traumatisation (VT).

The subject persons of the research are the oncology nurses, being the main focus in the study, and the potential VT effect being the subject matter. This level of traumatisation can never be reduced to nil; however it can be reduced to an acceptable low level while the management keeps in mind that if this is kept at a minimum level the staff is more empowered to provide better and focused care to the patient. The end result of treated or prevented VT will be that both the staff and the patients will benefit from any actions that will be undertaken to deal with VT.

The purpose of the research was two-fold, firstly to identify the extent, if any, of VT within the subject persons and secondly to assess any adverse effects that this has left over the years on the oncology nurses. In addition, there was the aim of identifying current and potential measures that can be adopted by management at SAMOC to alleviate and mitigate the phenomena. Therefore, it is an important attempt to study the phenomena of vicarious traumatisation that potentially present itself within the healthcare system. More specifically, this phenomenon is studied within a designated branch of the healthcare system, being the oncology section, vested at SAMOC.

The term vicarious traumatisation is a situation where someone experience an emotional response because of the work they do (Sinclair & Hamill, 2007). Oncology nurses do not operate in a vacuum and this type of trauma can affect them as well given that they work for several hours each month and spend many years with cancer patients. Very often, this is known as the phenomenon that is associated with "the cost of caring" (Sinclair & Hamill, 2007). Vicarious traumatisation is also sometimes called compassion fatigue, other terms that are used interchangeably with these words are; secondary traumatic stress (STS), and secondary victimization. Cummings et al., (2021) mentioned that this can happen when working with individuals who are talking about their traumas, the nurse can witness the pain, and fear of the cancer patient. This is the phenomena under study and the researcher has opted to identify awareness and extent that it applies within the local context, specifically within the oncology field.

The objective of the study is to understand whether there is any current or past presence of VT, within the sample of interviewees representing the population. In addition, it extends to include any co-workers to the interviewees that have suffered from VT. Depending on whether the nurse is suffering, or used to suffer from VT, the study identified the main factors that had influenced them, how did they cope, whether there are any current services in place and what needs to be implemented for a holistic approach towards the situation. All such factors can be part of management's strategy in mitigating this phenomena. The study aided also to understand better if VT affects job satisfaction, motivation, nurse shortage due to staff leaving the profession or being on sick leave, and intention to leave or stay in the nursing profession.

Currently there are limited studies that were conducted on the oncology nurses and more specifically about the VT effect. Therefore, this study has also the objective of further increasing the awareness on their mental health well-being, to discover what needs to be implemented within the oncology nurses which in return will result in a better well-being. Fulfilling this aim means that a particular milestone is achieved through better catering towards the oncology patient while making sure that nurses be able to cope in their personal life, with their colleagues, family, and friends. Therefore, through this study, the management can identify strategies to help the oncology nurses through VT, and also empower them to perform their duties with the patients and their colleagues better.

Methodology

Research Design

To reach the objectives of the study, it was most suitable to use an inductive approach to conduct the study. The data was analysed by using the thematic analysis, and the data has been gathered through the use of semi structured interviews to meet the research objectives. When using a semi-structured interview, an advantage to the interviewer is that predetermined questions in the form of open-ended ones will be ready beforehand. It also encourages a two-way communication between the interviewer and the interviewee, and the latter can provide answers to the questions being asked. Where necessary the interviewee will discuss in more detail and expand as required, and also gives them time to open up about sensitive issues (Dearnley, 2005).

Data Gathering Methods

The data used to gather the information for this research study was through face-to-face semi-structured interviews, conducted with oncology nurses working within SAMOC. After going through a widespread of existent literature, open-ended questions were formulated for the interviews. A total number of predetermined questions were articulated beforehand, with open-ended questions that can be easily adapted and changed as required to make the interview flow easily for the participant, with some of the questions during the interview were further opened into other sub-questions.

A pilot interview was conducted with an ex-oncology nurse who used to work at SAMOC, to assess the validity of the questions that were going to be asked to the interviewees. The aim was to find ways to improve the effectiveness of the questions, and after the pilot interview, some questions were updated accordingly to enhance the quality of data to be collected. This pilot interview was not included in the results.

Given the nature of the study, a non-probability sample approach was adopted, specifically the purposive sampling for participation selection. Purposive sampling is a frequent sampling methodology used when carrying out qualitative research. In this type of sampling, a preselected criteria is used, that are relevant to the research (Campbell et al., 2009). The recruits had to be oncology nurses working within SAMOC, and directly working with patients.

Data collected

The targeted population by the researcher in this study are nurses working at SAMOC. Nurses employed within this department are healthcare professionals working directly with cancer patients. The nurses for sampling purposes were populated from wards, outpatients unit, practise nurses, focal nurses and navigator nurses working with cancer patients. Approximately eighty nurses were currently working in this setting; therefore, the target number of participants making up the sample was between twelve to fourteen participants. This sample was deemed to be the appropriate and ideal sample size for the population under scrutiny to complete the study (Dworkin, 2012).

The researcher kept in mind as well that there is the possibility of data saturation. This is a level achieved in a research process whereby no more valuable data is collected due to all important and essential elements being discussed and put forward by interviewees from the interview process. On the other hand, Braun and Clarke (2019) argue that identifying the saturation point is very subjective and there is always an element of something new within a qualitative approach. The researcher did not attempt to identify any saturation points within the study since all interviewees gave added valuable information to the research. An email was sent to the manager of SAMOC who acted as a gatekeeper, to minimise bias. In total thirteen participants were interested to take part in the research, however one of them was contacted several times for an appointment to fix a date for the interview but no reply was achieved. The remaining twelve interviews were performed successfully.

All interviews were conducted face-to-face, and considering the COVID-19 situation all precautions were taken. The interviewees had the option to speak in their preferred language either Maltese or English and were recorded with only the researcher having access to the recordings. Afterwards all interviews that were carried out were transcribed verbatim.

Data Analysis Method

Data was analysed thematically, which includes going through a set of data consisting of transcripts from the individual, in depth, and semi structured interviews (Tuckett, 2005).

Additionally, it entails also the identification of patterns to extract themes and sub-themes. Thematic analysis is used in many qualitative studies, especially in the field of psychology. An analysis of this type entails an active process of reflexivity, whereby the researcher's personal experience plays an important role in making sense of the data collected (Aronson, 1995).

Being a flexible approach to qualitative analysis, the thematic analysis is an approach that assist researchers to create new perceptions and thoughts from the data collected (Vaismoradi, Turunen and Bondas, 2013). Another advantage about this approach is that novice researchers who just started learning about analysing qualitative data, will find this approach more understandable (Javadi & Zarea, 2016). Patterns across interviews were identified to address the phenomena that occurred to the participants. The thematic analysis process focuses around six steps in carrying out the process, which were described by Braun and Clarke (2006). These are; familiarisation, coding, generating themes, reviewing themes, defining and naming themes, and finally the write-up.



Figure 1: Thematical Analysis Process

Due to the importance of familiarising oneself with the data collected before the actual process of analysing it, the interviews were audio recorded and later transcribed. Notes during interviews were taken as well. As noted by Scharp and Sanders (2018), this is an important step to familiarise with all the data gathered. Afterwards, coding was done, and any significant text was highlighted, such as sentences or phrases, and formulating labels and codes. Through these codes the researcher looked at patterns and started generating themes. Following this, the themes were reviewed again to make sure they are useful and accurate in representing the data gathered. Where necessary any themes were changed or updated, and double checked with transcripts to ensure that nothing was missed or overlooked. Once the list of themes was final, the last part in the six-step approach according to Scharp and Sanders (2018) was to name and define each one of them and conducting the write up itself.

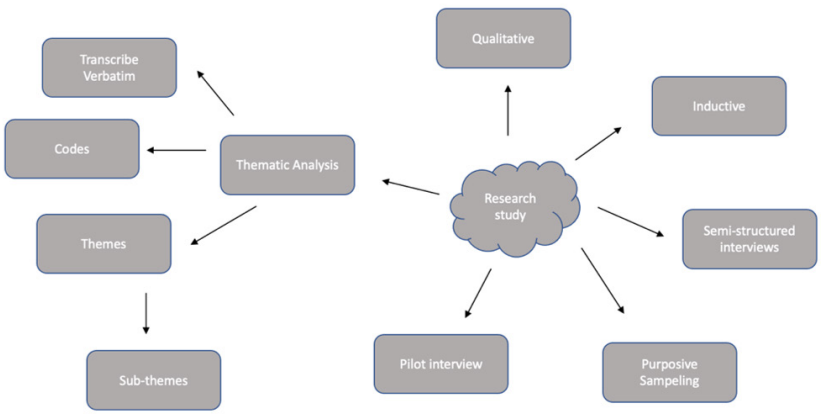


Figure 2: Methodology

Ethical considerations

As part of the ethical requirements procedure, the required approvals and permissions from the ethics board, Mater Dei Hospital and SAMOC were obtained. An information letter was shared to all the possible participants, being the oncology nurses working within SAMOC. In the information letter the potentional participant was made aware that the study is on a voluntary basis and that at any time they can withdraw from the study. The participants contributing in the study were advised beforehand that their contribution will be strictly confidential and not shared with third parties. The study was conducted on a pseudonym basis and therefore the identity of the participants was never revealed, and all information used entirely by the researcher. Verbal and written consent were obtained prior to starting the data collection process from the participants so that the interviews could be recorded and carried out in person. The written consent was also co-signed by the researcher.

In addition to the above, all necessary precautions were taken due to the COVID-19 pandemic. In fact, when conducting the face-to- face interviews, the researcher followed the protocols that were in place by the Health Authorities during that time of the interview accordingly.

Results

After familiarising with the data, the coding prosses was initiated in order to understand similar patterns in the participants' interviews. This step aided to gather all the information within the final four primary themes. A sample of this process is shown in the following table.

Participants' expressions	Code	Preliminary sub-themes
"I still think about patients when I go home. For example, I end up talking to my husband about certain situations that happen with patients."	Continues thinking	Kept thinking about work
"I have to admit … I had to take sick leave to regain emotional and physical strength after losing a particular patient. And I think the emotional and mental aspect coincides with the physical as well unfortunately."	Trauma from work	Working environment
"Sometimes I feel treated like a number, there to fill a place."	Better conditions	Shortage of staff
"Sometimes I feel angry with myself if there is an issue that I am dealing with, which yet is small when compared to the suffering that these patients go through."	Gratitude towards life	Reflection and Gratitude
"I always try to keep boundaries from patients, to safeguard myself, and therefore when something happens it won't hit me that hard. I mean you still feel certain feelings, but I try to keep boundaries as much as possible."	Boundaries	Keeping Boundaries
"Meetings at ward level should be done more frequently, so we can express our concerns and provide feedback."	Suggestions	Desires and suggestions to be implemented

Table 1: Thematic Data Analysis

Through this study, from the perspective of the nurses working within SAMOC, a total of four themes were identified, being: behavioural aspect and attitudes, organisational and operational challenges, personal and professional coping strategies, and personal and organisational support structure. In addition to the themes, a number of suggestions for improvement in the below areas were highlighted.

Themes	Sub-Themes
Theme 1 Behavioural aspect and attitudes	*Sub-theme 1* Ongoing work consciousness *Sub-theme 2* Resilience *Sub-theme 3* Assimilating
Theme 2 Organisational and operational challenges	*Sub-theme 1* Shortage of staff *Sub-theme 2* Unfavourable working conditions
Theme 3 Personal and professional coping strategies	*Sub-theme 1* Reflection and gratitude *Sub-theme 2* Keeping boundaries
Theme 4 Personal and organisational support structure	*Sub-theme 1* Self and peer support *Sub-theme 2* Desires and suggestions

Table 2: Description of themes and sub-themes

Behavioural aspect and attitudes

The behavioural attitudes of the nurses were attributed and linked with instances that impact them, hence the behaviour process not only affects the nurse at their place of work but also in their personal life. A number of participants mentioned that in their nursing profession they keep thinking about work even when they leave their workplace, or when their day is over or their shift ends. Many mentioned that they keep thinking about work on several occasions, like while driving home or when they are at home with their families, suffering unknowingly from an ongoing work consciousness. It emerged that an effective way of handling such situations was to adopt coping mechanisms. This is a transition in the mindset of the individual, which is not an easy task and requires determination in order to reach a level where someone allows time to shift his thoughts from work to his own personal life. Others have not yet reached a stage where they can successfully overcome this transition difficulty, however they mentioned that they are working to stop this cycle.

A key factor was resilience, which is in its essence the reason to keep going, and the participants explained that they keep the patient and the relatives in mind and do not give up. One phrase that stood out in one of the interviews was that "When you wear the uniform, you are a nurse". Hence, even though you might be going through a number of personal matters and difficulties, as a professional you have to still act in a diligent way, and such a comment shows the determination and passion these nurses have for their job and their career.

Many of the participants mentioned that due to their work, sometimes without wanting to, they tend to compare certain personal experiences with that of a patient. At times they also tend to find similarities between a patient and their own life situations or that of their relatives.

A typical example is when a patient who looks like or is of the same age of a relative or someone close to them is admitted to the oncology centre and they start relating to their own life instances. Working in this type of field, the nurses are more aware of the signs and symptoms of different types of cancer. Hence, when they experience something themselves or others close to them, they tend to think that the diagnosis is cancer related. Everybody has his or her own personal experiences and their baggage of emotions, which unknowingly and unintentionally have an impact in the nurse's life and work since this form an integral part of their character.

Organisational and operational challenges

The organisation is in itself a service provider which although in Malta is not profit oriented, it still strives to provide the best possible care to patients while maximising the number of clients to whom the service is provided. Notwithstanding this, there is always a cost attributed to the provision of such a service, which may be seen as the challenges that are faced daily from both the organisation's perspective and the staff's point of view.

The oncology nurses are faced with the struggle of these two challenges in order to keep the hospital running smoothly and put forward the interest of the patients as a priority. Being short of staff was a common reply from many participants who identified the problem not only as one within the wards of SAMOC, but as a general problem within the healthcare system in Malta who are experiencing shortage of nursing staff. Lacking the appropriate number of staff members and their required skill, not only there will be a negative impact on the staff workload but the patients will suffer as well due to the lack of attention that the nursing staff can provide to each patient in order to cope with the extra load. Participants also pointed out that at times they feel as if they are being treated as a number, and this is demotivating due to their skills not being appreciated by their management despite the valuable work that they perform and at times go unnoticed as well.

The participants identified as well that unfortunately working long hours and having inflexible shifts, may also lead to such problem of potential vicarious traumatisation effect. The effect of such situation may give rise to instances that are not healthy practices in themselves, like end up using sick leave to recover mentally from the working routine, or to escape from the reality of the workplace, which very often give rise to denial of being affected by vicarious traumatisation. The long working hours problem portray itself not only because of the workload but even due to the nature and structure of the shifts. A number of participants pointed out that the roster and the way shifts are structured does not encourage them in striking a proper balance between work and life.

Personal and professional coping strategies

Every individual responds to changes in various ways, with the most common one being resistance to the change being implemented. Although VT is not a scheduled or targeted implementation within any organisation, it will still bring about a change in the healthcare worker's life, very often being an adverse change. The oncology nurse will respond to such VT through the adoption of coping strategies at both personal and professional levels, which will help them combat this change or at least bring it to an acceptable level that can be tolerated in their life.

A number of participants expressed themselves that in light of the fast-paced life that we are living nowadays, one needs to stop thinking for a moment and appreciate their life and all of its surroundings which he enjoys on a daily basis. A few of these things might be taken for granted, but other people lack such basic things, which should make us all grateful to being able to enjoy them in our life. Furthermore, the perception of life and the way that things are handled will also be dealt differently when one encounter various scenarios and difficulties that patients face. Very often the human being tend to exaggerate things and focus on issues that are not important in their life. Having said this, when being faced with multiple scenarios in the daily nursing working life, such repetitive exposure can lead to VT.

Participants highlighted the importance of keeping boundaries, through this one set of parameters as a guideline to identify up till which stage they should interact with the patient in an amicable way, yet such boundaries although important are difficult to keep. Working directly and being in contact with oncology patients on a daily basis, where some of the patients also are admitted weekly or every fortnight, the nurse and client inevitably tend to build a relationship. Some participants mentioned that they try to keep boundaries, as much as possible but is not always easy to do so as it is hard to keep a wall between them and the patient.

Personal and organisational support structure

In our society, no man is an island, and therefore each person needs to be supported or find comfort in others. Such element shows how important organisational structures' support is, along with that of the peers. Every organisation has the duty to not only provide a good quality service to its clients, which in this case is the oncology hospital to the patients but also for it to support its employees. The lack of such support system at organisational level will need to be compensated through self and peer support.

Self-care is very important along with a balance to be maintained. In fact a number of participants try to implement self-care in various ways, one of which is communication with a relative or a close individual, whereby sharing thoughts and discussing matters that are on one's mind will immediately alleviate the burden of carrying all that weight alone. Other participants identified different styles of self-support to help them unwind from a stressful day at work such us cooking, going to the gym, going for walks and other activities which for them are considered to be a form of therapy.

The participants showed desires for things to be implemented and suggested different options that they think could help them while working as nurses in the oncology field. Some identified that they would benefit from having someone to talk to such as a psychologist or another qualified individual that can make the person feel at ease and open up on any concerns. They mentioned that there is actually a psychologist but do not know how the contact procedure works or the services provided within. Further to this, some participants pointed out that it will make them more willing to use such service if it was made easier to approach and make use of. Other activities mentioned included teambuilding, more meetings at ward level or going out after work, so that one will integrate also with the other staff members outside working hours.

Discussion

The healthcare professionals who work with clients that have experienced or are passing through a trauma as a result of prolonged exposure and repeated or routine work were noted by Boynton (2020) that it will result in the healthcare professional to be more likely to experience and develop VT. This explains the unfortunate scenario that when something happens to a human being, it has an impact on the healthcare professional as well, being a third party to the context but will still suffer from repercussions and side effects. According to Hensel et al., (2010), healthcare professionals sometimes keep thinking about situations that occurred during their workday while taking care of patients. Furthermore, they also mention in their article that such thoughts will very often come up while commuting, at home or while socialising with friends and families. The participants showed that they do keep thinking about work when their shift is over, being both in their car or even at home. Consequently, these nurses are suffering from ongoing work consciousness without knowing, and as a result they also at times end up talking about work and their patients with their loved once.

Schieman, Glavin and Milkie (2009) stated that for certain individuals what happens at work stays at work. Nowadays a lot of changes have occurred in relation to the nature of workforce and family structure which led to difficulties in a healthy work-life balance and in adopting family friendly measures. The participants, although in the minority identified that they are capable of being a nurse when they are wearing the uniform. However, for others the boundaries are not so clear and therefore they find it difficult to segregate between work and home, being difficult to shut off or switch between the two instances. Some participants mentioned that they are trying to find coping mechanisms to stop this cycle because they understand that this is unhealthy for them and their family. This was also confirmed by Hensel et al., (2010) in their research.

The effect of vicarious traumatisation on oncology nurses also present itself through resilience whereby nurses managed to adapt to different situations despite the struggle they go through when someone is going through difficult times, agonising pain or even dies. They have to continue their working day as if nothing has happened in order not to disrupt their work routine, which in itself is the most common form of resilience. Resilience is the individual's ability to adapt to different circumstances, even when unplanned difficulties arise and many healthcare workers strive to continue finding a reason to keep going on.

Moreover, the capability to adapt even when the worse situations happen and to continue finding the passion and satisfaction in their profession (Hernandez-Wolfe et al., 2014).

A small number of participants mentioned the fact that they lost a loved one and know the meaning of loss along with the pain experience, and with this in mind they keep striving to provide the best possible care not just physically but also emotionally. According to Hernandez-Wolfe et al., (2014), resilience does not make issues disappear, but it helps the individual to comprehend past that issue, and gain strength to handle similar situations better. Consequently, during the study it was noted that the participants even though they passed from personal difficulties themselves, they still keep the patient and their families in mind, maintain their professionalism, determination and passion in what they do in their jobs. An important aspect of resilience is that it allows the ability and encouragement to seek support when deemed necessary, as soon as the healthcare worker feels that they are passing from VT, anxiety or any other mental health conditions (Howlett & Collins, 2014). Resilience can also help in decreasing the risk of mental health conditions (Leys et al., 2021).

A number of the participants pointed out more than once the fact that they end up inevitably comparing a particular patient with a loved one. Such comparison will be either based on resemblance, same name or age, or even similar characteristics. The effect of which can be various, but typically the nurse affected will end up thinking of that particular family member, formulating thoughts for which there are no direct answers. They will ask themselves very often what it will be like if that person was there and not that other patient for treatment. The process of assimilating extends also to conditions and events rather than looks and family ties only. Due to their working environment, oncology nurses are more knowledgeable about signs and symptoms that different cancers have. With this in mind, the participants mentioned that when they or a loved one experience something like a lump or similar signs they immediately think it is related to cancer. The participants explained how the element of fear kicks in when they feel something like this, as their mind always thinks the worse that could happen. Every individual has his/her own baggage of emotions to carry, therefore this will have an impact on the nurse's personal life and at the workplace.

The shortage of nurses is a worldwide phenomenon experienced in all Europe, and outside of Europe (Toh et al., 2012), thus Malta is not an exception. During the interviews it emerged that the oncology hospital is understaffed by approximately fifty-three nurses. This will inevitably give rise to effects of vicarious traumatisation as the nurses who are currently working at the oncology hospital have to make up for the missing nurses, since the patients still need to be taken care of, irrelevant of how many patients come in each day to take treatment. Toh et al., (2012) in their study found that 50% of the oncology nurses expressed to have lack of time to complete their work. This could be a stressor among nurses that can lead to burnout, stress and VT (Toh et al., 2012). Khowaja, Merchant and Hirani (2005) mentioned that with a high workload the nurses have more risk of developing job dissatisfaction and stress at work. The participants did confirm that they have a lot on their plate and did think of resigning or transferring to another department.

Furthermore, participants mentioned that there are other unfavourable working conditions and inflexible shifts, such as having long working hours, which they do not see it is as a healthy option for them, like repetitive shifts of twelve hours. Moreover, they mention that sometimes they need to make extra hours, typically overtime, not because they have the desire or financial need to do it but they feel obliged to do so. Han, Trinkoff and Geiger-Brown (2014) in their research discovered the unhealthy consequence and effects of working long hours in the nursing profession. These include unhealthy practices and behaviours such as smoking and use of alcohol, job dissatisfaction, sleep deprivation, lack of social activities, poor patient care outcome, and family issues.

Participants mentioned that sometimes they end up taking sick leave to recover both physically and mentally. They feel that sometimes this is the ultimate option that they have to take because sometimes taking a day leave is also difficult to impossible in certain days or months. In their study conducted in Poland by Kowalczuk, Krajewska- Kulak & Sobolewski (2020) discovered that excessive workload and job dissatisfaction will increase the amount of frequency nurses take sick leave.

Mitigating the effects of vicarious traumatisation means that a combination of both personal and professional strategies needs to be adopted. The participants mentioned that through their work as oncology nurses they have learnt to appreciate life more by looking at it in a different perspective. In fact, in an article by Vishnevsky et al., (2015), they mentioned that in their study two of the domains discovered were that nurses appreciate more life, and have new perspectives on life when they work with oncology patients.

Sometimes people in general tend to take life for granted, yet those working in oncology sector, specifically these nurses learned to appreciate more the simple things in life and life in general. A participant mentioned that sometimes not even thinking about the following week and what is coming in the next days will aid them in appreciating the present and current life, while being grateful for being healthy till the present day. Raingruber and Wolf (2015) reported that one theme that they found in their study was the meaning of being in the moment and knowing priorities as significant aspect of oncology nursing.

Adding to what Raingruber and Wolf (2015) portrayed in their study, Van Rooyen, Le Roux and Kotze (2008) commented that they discovered two things about oncology nurses that they are more aware to live in the moment, and also to live every day with a meaning. Ekedahl and Wengstrom (2009) had a number of findings in their study some of which were appreciate the importance of living each moment, and how their work helped nurses to grow personally in their job and as a human being.

When boundaries are kept, the nurse would be creating an invisible line between her/him and the patient. Some participants consider themselves not good at keeping boundaries with patients since they are admitted for treatment frequently, and they always want to chat, thus unknowingly nurses tend to speak about their daily stuff with the patients, and on the other hand so does the patient. Consequently, the nurses will bond with the patients, and a nurse-patient therapeutic relationship will start. On the other hand, some participants mention that it is impossible not to bond with some of the patients, since they as nurses are only humans. Some participants mention that they try to keep boundaries to safeguard themselves, so that if a patient got an unpleasant news about the diagnosis or even reach the final stage of a terminal illness, being death, they do not feel emotional pain as well, even though this sometimes is still inevitable. Peternelj-Taylor and Yonge (2008) also continued by stating that healthcare professionals keep boundaries so that they do not get attached to patients, especially to those who are terminally ill.

The research study identified the importance of self and peer support. Self-support is achieved mainly by self-care, and such self-care relates to the individuals taking care of themselves both mentally and physically (Ennis et al., 2021). During the interviews some of the participants mentioned various ways how they take care of themselves, one of which is communication, along with the sharing of feelings or emotions with a relative or a loved one, as these all helped them to alleviate some of the weight they carry. In an article by Ennis et al., (2021) and another article by Bercier and Maynard (2014) both mention the importance of having healthy connected lives with others, from which emerges the importance of balancing work and family.

Other participants mentioned various forms of self-care or self- support, such as going to the gym, and these activities not only helped them to remain physically active but also improved their mental health, including as well going for walks, cooking, essential oils, and aromatherapy. Bober and Reghr (2006) in their study revealed the importance to carry out a self-care plan such as dancing, outdoor activities, reading a book, and running. Lewis and King (2019) further on also mentioned that healthcare professionals would also benefit from reflecting and writing their thoughts on a journal, and even going to spas or doing meditation.

The study identified the strong support between the nurses, where the participants from different wards in SAMOC during the interviews discussed about the support they have from their colleagues and the support they give one another. In fact, the participants mentioned how they feel that the management at times does not understand their needs and think that they should be more supported by them. This contrasts to how the staff praises one another, as they listen and support each other continuously. Bercier and Maynard (2014) discussed that during work it is important that colleagues support each other, since this will create harmony at the place of work.

Moreover, participants showed desires for things and processes to be implemented and suggested different possibilities that could help oncology nurses during their working shifts. Some participants mentioned that a psychologist is present at SAMOC, however others were not sure if such services are actually available at SAMOC as a psychological support service since nobody ever informed them, and some of those who knew about the psychologist did not know how to make contact. During the interviews it was noted that nurses expressed the desire to have someone to talk to who is qualified in such matter. Lee et al., (2022) cited that when working in a particular and vulnerable work setting, a psychologist can assist the individuals by listening to them and provides them with coping mechanisms.

Further to this, there were some participants who suggested that the ideal service would be to talk to a psychologist without doing an appointment, hence making the service more approachable to nurses. In addition to this session participants suggested that this should be provided either as a group or individually, as the nurse's discretion. Rodrigues and Chaves (2008), in their study explained that most nurses working in the oncology field, do not have specific training about the field, thus they gain experience while working and try to adapt in the oncology setting through time. Other suggestions were to provide more teambuilding activities, meetings at ward level, and going out after work, thus the healthcare professionals can integrate more between themselves socially. In the literature provided by Macpherson (2008), explained that oncology nurses need to have opportunities for staff bonding and self-expression to allow growth.

Limitations

The main limitation of the study conducted is the fact that the interviews were carried out and data from them interpreted by the researcher herself, which might cause bias in data. In addition the interviews were held at SAMOC, and the researcher had done this with good intentions so that the participants could feel comfortable and at ease in their own environment. However, this might also be a disadvantage for the collection of data since the nurses forming part of the sample population were at work while these interviews were carried out, and might have led to bias when data was being collected. Also, some interview questions were interpreted differently by the participants, therefore the researcher sometimes had to ask again the same question.

The last limitation in this study was that the researcher only took into consideration the nurses' perspective at SAMOC only, so any information about SAMOC services was given by the nurses themselves who were the participants. The feedback of the management was outside the scope of this research, and hence the perspective of VT from the point of view of the management can be an additional research to this.

Conclusions

The results are made up from the information gathered through the primary research process specifically from the interviews process. The main analysis focused around the themes and their respective sub-themes, with the themes being; a) behavioural aspect and attitudes; b) organisational and operational challenges; c) personal and professional coping strategies; and d) personal and organisational support structure, addressing the research questions aimed in this study. Almost all participants responded positively to the fact that at some point or another they experienced vicarious trauma and were affected both their work and personal life.

Through the study it was noted that the amount of resilience these nurses have in continuing to provide care towards their patients is priceless. In addition, one has to mention the gratitude they have towards life, which is not an easy task when witnessing so much pain and sudden diagnosis of cancer in their patients that were considered to be in good health. It was noted that the way they spoke about life and living in the moment make them appreciate time with family and friends. Also, unfortunately, the lack of staff and having unfavourable working conditions such as strict shifts is affecting not only their work routine by also them on a personal level.

Ongoing work consciousness is another symptom of VT which was present across most participants, being a common factor whereby it represents the amount of thoughts that the nurses over-think about their work when they are not on duty. Another common factor that emerged was assimilating, being the nursing staff remembering of a loved one when they see a patient and imagine what if it was their relative. Some patients mention that they are not good at keeping boundaries thus a special bond with certain patients tend to happen.

One thing that stood out from the research was the amount of support the participants receive from their colleagues and share between themselves. Apart from their families, sometimes they seek the support of one another even more. The participants showed also interested in expressing their desires and suggestions towards the management, on how they can improve and facilitate their environment and work. This might show the needs or shortcomings that the oncology nurses feel that they lack at the place of work.

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Conflict of Interest

A potential conflict of interest would be the fact that for a period of five years I used to work as an oncology nurse at Sir Anthony Mamo Oncology Centre. Therefore, this could have created bias in the research conducted, however, during the research a lot of reflection was carried out to keep this at a minimum, if not eliminated completely.

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Authorship

Inform the percentage of each author's contribution to the manuscript

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04 What are the perceptions towards euthanasia in older adults amongst nurses residing in Malta?

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Abstract

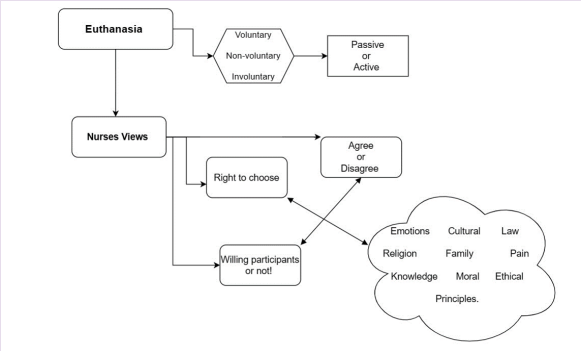
Objectives: With old age, end of life approaches. But what if the older person chooses quality of life rather than quantity and wishes to decide the time and how to go? The aim of this study was to explore the perceptions towards euthanasia in older adults amongst nurses residing in Malta. It analysed both positive and negative aspects of euthanasia in older adults from the nurses' standpoint who worked directly with the older population. Limited research has been published on the nurses' perceptions when participating in euthanasia, especially in older adults.

Methods: Dying with dignity and living pain free is considered as the individuals' right. An inductive qualitative research design by means of thematic analysis was adopted. Ten nurses working with the elderly participated in the interviews.

Results: The ten nurses who work in the Maltese governmental elderly homes, were purposively selected for the semi-structured interviews regarding euthanasia in older adults from the nurses' view. Data was analysed after being transcribed, and three main themes emerged: 1) Emotional Rollercoaster, 2) Dilemmas, and 3) Paramount Necessities.

Conclusion: This study has concluded that locally, lack of knowledge about euthanasia, and the social, cultural, ethical, psychological, and religious believes reflect the nurses' perceptions. The emotional challenges that nurses experience while taking care of the dying was evident in this study and more intense when asked about euthanasia practice. Ethical and moral values played a great deal of influence on the nurses' views towards euthanasia, thus making euthanasia a highly controversial issue that requires further research. In addition, euthanasia has been a political area of concern for countless years and numerous countries, including Malta, meaning that this might be a debate in Malta's future referendums.

Keywords: "Euthanasia","Nurses","Older adult","End-of-life","Knowledge".



Highlights

- Understanding views of nurses towards euthanasia in the older adults.
- To evaluate if background, religious, cultural, ethical, and moral values do affect the willingness or lack of participation in euthanasia practice.
- The importance to educate nursing staff both academically and psychologically

Abbreviations

EB: Employer branding **EVP:** Employee value proposition **HR:** Human resources

Introduction

What if there is no desire to experience the ageing process? If the individual has made peace with oneself and others, thus wishes to end own suffering due to illness. Then the question remains; should older adults have the right to establish when and how their passing should be? Or should let life take its course?

Human life expectancy has increased in the past years which, explains the growth in the ageing population worldwide. Ageing is inevitable but can be prolonged, if a healthy lifestyle is engaged from a younger age (WHO, 2002). Healthy longer living, has contributed to better state economics, improved communities, and aid the younger generation. In modern times, active ageing has been recognised to be a priority for the current and future population (Ministry for Active Ageing, 2022).

When progressing in age, the body is predisposed to deterioration leading to ill-health (WHO, 2002). Consequently, one may 'sidestep' ageing by shortening one's lifespan. This can be attained through euthanasia or physical-assisted suicide (Raju, 2016). In spite of the fact that both lead to the same result, they differ from one another, as well as their legality on a worldwide scale. Professional assistance by prescribing lethal drug doses but having them self- administered, is known as assisted suicide. While Euthanasia is more complex, since it can be voluntary, non-voluntary as well as involuntary (Steck et al., 2013). Raju (2016) further specifies that voluntary euthanasia is when an individual requests a professional to end his life, thus, giving consent to others to aid his passing. Non-voluntary euthanasia is the act done when there is an absence of the individuals' consent to end-of-life decision, but it is taken by others such as health professionals or relatives on his/her behalf. Non-voluntary euthanasia is further divided into two variants, known as 1) 'active' and 2) 'passive'. Active euthanasia is when lethal doses of a substance or treatment are used to end one's life while passive euthanasia is the withholding of necessary treatment. Lastly, euthanasia can be involuntary, where a person claims the right to end someone's life without any consent at all (Raju, 2016).

According to Steck et al. (2013), worldwide, the legality of both euthanasia and physical-assisted suicide varies accordingly. Different end-of-life practices can be observed to be legal in the same country or state, whereas other countries may only have one practice which is considered as legal. Concurrently, quite a few other countries consider euthanasia and physical-assisted suicide practices as illegal. Presently, active euthanasia is still illegal in Malta.

The aim for this study is to have a better understanding of views from nurses residing in Malta, working with the older adults, towards Euthanasia in old age. An extensive amount of comment or opinion articles regarding motivation of health professionals to perform/ participate in euthanasia are available globally, as discussed by Vézina-Im et al. (2014), but little investigative and academic studies on the nurse's perspective are found. Studies conducted focus mainly on the physician point-of-view; such systematic reviews by Gutierrez-Castillo et al. (2020), Evenblij et al. (2019), and McCormack et al. (2012), when taking inconsideration studies of the nurse's participation and involvement the numbers are lower (Vézina-Im et al., 2014). Nurses as a profession, cater for their clients in a holistic care approach, thus euthanasia practices may affect the nurse practitioner's moral, ethical, psychological, and emotional perceptions (Cayetano-Penman et al., 2021).

It can be felt that the overall population has been warming up to the practice of euthanasia. This is so, since dying with dignity and living pain free is considered as the individuals' right (Strokes, 2019). Euthanasia has been a political area of concern for countless years and numerous countries (Bello & Hurst, 2022), comprising Malta, meaning that this might be a debate in Malta's future referendums.

Aims and objectives of the study

The principal objective of this study is to have an in-depth understanding of the views of nurses who work closely with older adults in Malta regarding euthanasia. In clinical practice, a number of nurses have commented that older adults living in nursing homes may express inclination towards euthanasia, and so gathering a nurse's insight of what is euthanasia, what it involves, and who are those individuals that presumably request such an act is imperative.

Another purpose for this study is to evaluate the nurses background, religious, cultural, ethical, and moral values to gather a broader understanding of their willingness or lack of, to fulfil clients' end of suffering request. A further objective is to discuss managements' involvement to educate their nursing staff equally both academically and psychologically. Recognising and promoting the need for psychological support pre and post engagement in this practice is imperative. The final objective is to investigate nurses' view of legalisation of euthanasia in Malta; how will this affect their working performance? Based on this, would the process of Euthanasia attribute to increasing fear which would lead to a change of career? These are imperative questions that the study aims to answer.

Methodology

An inductive approach was chosen over a deductive one because this study hopes to reach the emergence of new theories (Smith & Firth, 2011). An inductive approach gives the importance to the research question, aims and objectives that need to be achieved during the research. Researchers exploring human behaviour and perceptions, extensively use a qualitative research design (Shuttleworth, 2008). Thus, aims to understand feelings and experiences in order to grasp the depth insight of sensitive topics, such as euthanasia (Streefkerk, 2023). The gathering of verbal data rather than measurements, and analysing data in an interpretive manner, is the main focus of qualitative research (Byrne, 2022).

Euthanasia is a study that requires an in-depth understanding, due to its' effect on both the older adult and person providing care- the nurse. Since euthanasia can be subjective, qualitative research provides the necessary tools to allow new emerging experiences to form theory (Braun & Clarke, 2021). The researcher asked open-ended questions to nurses working closely with older adults, was the best approach to take for data collection. Follow-up questions clarified unanswered questions, or misinterpreted answers during the interviews, supporting the researcher to find the appropriate commonalities and patterns in this study (Byrne, 2022).

Knowledge in such study is based on the phenomena of consciousness. Since this study is designed to target a specific audience (nurses working with older adults) and their subjective perspectives and experiences regarding euthanasia, a qualitative approach was deemed as the most suitable research method (Streefkerk, 2023), since all data was gathered from the nurses' interpretation of euthanasia in older adults, a practice not yet introduced in the country. The main instrument for data collection was semi-structured face-to-face interviews. Predetermined questions and possible follow-up questions were prepared as to have an easy flowing conversation as much as possible (Cohen & Crabtree, 2006). The only criteria needed to be met for individuals to be eligible for participating in this study was to be nurses working closely with the older adult.

Thematic analysis is generally considered as being a theoretically flexible approach, allowing for the identification, analysis and interpretation of patterns emerging from the collected data (Roulston, 2001). Thematic analysis allows for the formulation of themes, patterns and gives meaning to what the participants have said (Braun & Clarke 2021). Since as aforementioned, euthanasia is a particularly sensitive and subjective issue, thematic analysis aided in providing meaning to what the participants discussed. The simplest yet widely used thematic analysis, are the six-step process by Braun and Clarke (2006). The first step is for the researcher to familiarise with the data by transcribing the interviews done to participants and read the transcribed data rigorously jotting down initial ideas. Generating initial codes was phase two of this process, where the researcher started coding interesting features from the interviews in a systematic fashion across all data, creating categories for more efficient analysis. Phase three was the combination of relevant data codes into potential themes. In the next stage, the researcher reviewed the initial themes and checked if the themes worked with the data extracted from previous steps. In phase five, the researcher started defining and naming the themes of the study, while ongoing analysis and overall narrative was still taking place. Thus, generating clear definitions and proper naming of themes. In the sixth phase, the researcher produced a report of the analysis (Braun & Clarke, 2021).

Results

All ten participating nurses worked closely with the older adults, in the Governmental older adult care Homes. Eight out of ten participants were females and one was not a Maltese graduate. The educational attainment amongst the participants varied from Diploma to Masters degree. The youngest participant was twenty-six years old and the eldest was over sixty years old. Their working experience ranged from three years up to forty-three years and half of the participants worked only with the older adults, while the others had various working experiences. All participants claimed that the interview was harder to answer than anticipated, since euthanasia is not part of their practice in the country, further highlighting the need to have a more sustained educational discussion on this topic.

This thematic analysis set out to explore the nurse's perception towards euthanasia when it comes to older adults in Malta. The study explored the emotional aspect, knowledge, and understanding of euthanasia from the nurses' point of view, using face-to-face interviews. Data analysis allowed for the emergence of three superordinate themes: 1) Emotional Rollercoaster, 2) Dilemmas, and 3) Paramount Necessities. Each theme has four sub-themes, as evidenced by table 1. Verbatim quotes were used to colour the depictions of the participants.

Main Themes	Sub-themes
Emotional Rollercoaster	Nurses' feelings. Older adults' points of view. Relatives much a difference. Agree or disagree!
Dilemmas	Ethical and Moral valuations. Spiritual devotion. Personal or professional notion. Right to choose.
Paramount necessities	Knowledge is power! Ordinance. Active role. Coping strategies.

Table 1: Emerged main themes with their sub-themes

The emotional challenges that the nurse experience while taking care of the dying was evident in this study and more intense when asked about euthanasia practice. Even though euthanasia is not legal in Malta, nurses felt nervous to discuss such practice, also troublesome how the researcher might arbitrate their views. The period concerning the end-of-life period of the older adult has always had an impact on the nurse, as claimed by Ivy: "… there are residents, older persons that you really, really get to love. And when they pass away, it's heartbreaking". This impact also concerned the desperation of not being able to provide a good passing for the older adult, as discussed by Indigo: "You cannot do much unfortunately, you have to encourage them, empathise, but other than that, your hands are tied". Violet on the other hand, pointed out that current practice towards the older adult may have also left a negative impact on them, thus making her feel disappointed in her nursing practice because they focus on numbers rather than quality: "we force quantity of life, prolong their existence."

The right to choose was acknowledged by the nurses to be a basic human need which should be available to all. Still, when it came to the right for an older adult to go through euthanasia, the previous basic need becomes another person's decision.

There were those who got tearful thinking about past experiences with death. Whether it was of their clients or relatives, nurses expressed guilt for wishing to have such practice in place to end all the pain and suffering. The feeling of helplessness but even more, the need to help the older adult and stop their suffering was prominent in the interviews. This might have resulted because euthanasia is not just a normal nursing procedure, but it involves several other aspects. Amongst the concerns that were put forward by the nurses were; who should be eligible, should it be available for all older adults, who gets to decide, and most prominent, who am I to decide if euthanasia is the best choice. Nurses did acknowledge that the suffering experienced by the older adult may be unbearable for the individual and wish to stop it. Yet again, how can they support them when it could create a conflict with their own beliefs? The melancholy expressed when they spoke about why an older adult would request euthanasia was profound. Participants did agree with the legalisation of euthanasia in this study. However, this does not mean that all are willing participants in case it becomes legalised. Participants did express the desire to give better care to their clients, to alleviate their suffering, and provide them with a serene passing. Euthanasia is a means to provide all this, but the guilt feeling of being the ones who hasten their death takes over, an emotional challenge faced by the participants.

Ethical and moral values played a great deal of influence on the nurses' views towards euthanasia. These are everyday dilemmas especially when it comes to older adults. Ethical values may at times conflict with one's personal notions. As professionals, nurses must consider their nursing ethics before proceeding in their daily work. Religion has a part too. Whereas religion affected only three nurses when discussing euthanasia, all ten claimed that the older adult would definitely take this into consideration if ever considering euthanasia. The older adults at present are very religious and would most probably not opt for such an act, since it might be looked at as 'playing God', which is sinful. Older adults in Malta might be more open-minded about Euthanasia in the future, since current young adults are not that active participants in their religion. Exploring the process of euthanasia from both personal and professional point of views, clashed for most participants. Daisy for instance, quoted that: "Looking at it from a personal perspective, I wouldn't want someone I love to continue live in suffering. On the other hand, I don't see… Who am I to tell you to go ahead with euthanasia on a patient who is suffering."

The right to choose was acknowledged by the nurses to be a basic human need which should be available to all. Still, when it came to the right for an older adult to go through euthanasia, the previous basic need becomes another person's decision.

Discussion

Nurses' attitudes towards euthanasia have shown to be complex, and the older adults' quality of life and autonomy were main concerns expressed by nurses in this study. Sanctity of life and conception of the slippery slope were also acknowledged. That is, the fear of euthanasia practice compromising one's values. Complexity towards euthanasia was revealed to be impacted by the nurses needs which are emotions, communication, decision making, knowledge, and values. The subsections reflect the main themes generated in this research and compared with the relevant literature. The names of the sub-sections mirror the names of the main themes to maintain proximity to the participants' accounts.

Theme 1: Emotional Rollercoaster

The emotional perceptions towards euthanasia were highlighted in the findings of this study. This mirrors the findings by Cayetano-Pentman et al. study (2021), whereby nurses were very much affected by their values and emotions when it came to the euthanasia process. During analysis of data collected from the ten interviews with nurses, it was clearly seen that these nurses were experiencing an emotional rollercoaster. Nurses perceived the request for euthanasia as sad, yet again felt that in certain circumstances it is necessary to alleviate suffering if requested by the older adult. Nurses felt that they were not doing enough to help their older clients, but as studies show, suffering can be managed not stopped (Cayetano-Pentman et al., 2021). In this study the nurses expressed helplessness, heartache, sadness towards their older adults who seek end of life. These negative feelings might be felt since Malta is still grey in this area and death is somehow not spoken off. In the study by Dholakia et al. (2022), the emotions of professionals in countries where euthanasia was legalised were much different.

Being legalised, gave a piece of mind to health workers since they had guidelines and backed by the law. The study by Young and Ogden (2000) revealed that emotional complexities by nurses were affected also by; clients' rights, the family involvement, the physicians' diagnoses, together amalgamated with pain management and prognoses. Nurses are therefore continuously weighing multiple principles and factors when it comes to euthanasia.

As findings demonstrated in Trevino's (2004) study, the families in Malta do have a great participation in health decision making, especially when it came to older adults. These decisions are mainly based on the family's own beliefs rather than the beliefs of the older adults themselves. Despite this fact, professionals still seek approval from family to support the caring actions. Comparatively, Hauke et al. (2011) study revealed that caring staff were more aware of the clients' end-of-life preferences, than their own family, highlighting the importance and the weight of healthcare staff in such a heavy process. This was also felt by the participating nurses of this study. They not only claimed that working with the older adults made nurses love them as their own next of kin, but that most of the time they knew the older adults' wishes, needs, and concerns, more than their own family. Furthermore, it discussed the fact that one-third of relatives did act against the clients' decision or presumed wishes. Thus, this raises awareness that the family needs to be supported and educated, in order to recognise their duty as their loved ones' advocate and not their own. Nurses' overall attitudes towards euthanasia tended to be a mirror result of clinical practice dynamics and that it eventually changed in accordance with the situation of each client (Verpoort et al., 2004).

Theme 2: Dilemmas

Right actions and wrong actions were rules set by humans to deal with everyday dilemmas. When it comes to euthanasia practice, Trevino (2004) established from his study that the Maltese health workers were more inclined towards not intervening and stopping death, rather than performing active euthanasia. This was since the participants in his study felt that they would not be held responsible for the older adults' passing. This came across in this study too. While one participant did ask whether taking care of the client would make her an active participant in euthanasia, the other participating nurses claimed that whilst they would care for the older adult, the act itself should be done by others, not the nurses themselves. Despite these assertions, they did consider the withdrawal of treatment as acceptable. In his study Trevino (2004) expressed that, euthanasia may be a cost-effective tool when investigating the physical, emotional, and financial aspects of keeping older adults on treatment that may still not guarantee a future. Having said that, he still claimed that it was not a viable option since euthanasia may be used to disguise abuse of practice. Euthanasia being used as exploitation or harm to vulnerable groups such as women, older adults, impoverished and the disabled due to cost containment was also argued by Pesut et al. (2020). In this study, the nurses were also concerned that euthanasia may be viewed as cost-effective and thus mis practiced on vulnerable groups, like the older adults.

Vézina-Im et al. (2014) describe how familiarisation with the act of euthanasia is important as it will motivate the health professional to fulfil the client's request. Also, in Vézina-Im et al. (2014) systematic review, the significance of moral, religious, and ethical issues were investigated. Many professionals were willing to assist in the process of euthanasia when the client showed no prospect of improvement, no further medical options, and mentally capable to decide his faith. However, other professionals in their study, did disagree with the act of euthanasia due to potential treatable symptoms, religiosity, culture, viewed as unethical, and concerns for legal consequences. Moreover, nurses had expressed that their own behaviour and attitudes felt at times to be structured by the clients' ethical and legal rights towards end-of-life decisions. Young and Ogden (2000) had the same remarks, thus pointed out that guidelines regarding the complexities of euthanasia are an essential tool towards proper decision making. Having policies and guidelines regarding eligibility of euthanasia will alleviate and aid the health professionals to embark the best course of action towards their clients (Vézina-Im et al., 2014). Lack of knowledge plays a great deal towards opposition to euthanasia. This study has shown that nurses lack knowledge about euthanasia. This was also backed up by the results in the study by Crusat-Abelló and Fernández-Ortega (2021). It was reported that nurses on a global scale, did in fact lack knowledge about euthanasia and that specific training should be made available for the purpose of future research and better understanding concerning end-of-life decisions.

The opposition for active euthanasia was strongly supported in Trevinos' study (2004), because of the strong religiosity and legal issues that health professionals in Malta abide by. But change was also noticed, considering that in the past it was prohibited to talk about euthanasia and as a country it progressed to start accepting passive euthanasia. In this study similar findings were experienced during the interviews, with progression noted from the start of the interview until the end of the interview. Eight participating nurses who started by saying that whilst every individual has the right to choose euthanasia still should not be an option, ended the interview by accepting passive euthanasia in certain circumstances.

The study carried out by Cayetano-Penman et al. (2021) reviewed the moral conflict experienced amongst nurses who participated in the act of euthanasia. From their study, it was explained how the individual's personal, professional, and perceptions influences attitude towards euthanasia. Also, the country of graduation of the professional affected these aspects and play an important factor when migration took place, and the legality is different. Cayetano-Penman et al. (2021)'s study also discussed if the nurse refusing to participate will suffer any consequences at work. These aspects were mirrored in this study. Concerns about job loss were expressed and the attitude towards euthanasia varies when viewed from a professional perspective, then that from a personal view.

Theme 3: Paramount Necessities

Nurses in favour of euthanasia practices were nurses from the relieving pool rather than those with direct, ongoing care of same clients according to the study by Verpoort et al. (2004). Those working closely to patients, especially those terminally ill, were less in favour of legalisation of euthanasia. Their findings did not correspond to this study. The nurses' interview in this study worked closely to the older adult on a daily basis, yet nine out of ten participants did agree with the legalisation of euthanasia. Could this have resulted since all believe that this practice is still far from being considered in Malta, or maybe because the majority of the participants were thirty-five of age and less. In fact, age is a critical aspect, as the tendency that younger nurses would accept euthanasia practice more than the older nurses was confirmed in the study by Verport et al. (2004).

In this study, knowledge about euthanasia was evident to be lacking amongst the nurses and deemed as one of the paramount necessities for nurses. Leboul et al. (2022) did have similar findings not just amongst the nurses but also clients. In their study it was prominent that both professionals and clients were linking palliative care with euthanasia due to the treatment used in palliative care and the withholding of certain procedures. Furthermore, Leboul et al's study (2022) uncovered that clients' in their study claimed that even though they knew that euthanasia was illegal in their country it was being performed discreetly. This was claimed also by nurses due to the administration of medication such as morphine, which was being utilised due to its' double effect, placed on the DNR list, withdrawing of treatment, and more. Nurses in this study were also aware of the fact that euthanasia could be wrongly requested. Nurses felt that relatives might request euthanasia for self-gain like inheritance, rather than out of compassion. Both studies by Leboul et al. (2022), and this study found that nurses had a positive attitude towards palliative care and that this should not only be improved, but it should occur before euthanasia is considered. Thus, this involves the need for more awareness of both practices, exploring the relationship between palliative care and euthanasia, and developing ethical guidance to nurses. Unfortunately, as also acknowledged by Pesut et al. (2020), the responsibility of care given to nurses, does not match the allowed influence of nurses in decision making towards the care. Legalisation of euthanasia or any other means to hasten death, have been a debate amongst physicians, politicians, and societies for decades (Dugdale et al., 2019). This study explored the history of euthanasia and assisted suicide from the perspectives of different country laws, the medical practices, and social evolvement, leading Europe to rethink its' stance towards euthanasia practice.

In the Maltese-law, the right for life and autonomy are granted to every citizen. Could an individual go against the state obligation to preserve life and waive the system for those who request euthanasia due to the right to choose? Unresolved controversial issues remain when dealing with euthanasia and human rights. Disputed grey areas of law towards euthanasia still lingers, requesting the need for further research and legal certainty. Even after euthanasia being legal for almost two decades in Belgium, the nurses that participated in euthanasia still felt that this experience continued to be very intense on their working experience (Bellens et al., 2020).

Although the professional fulfilment experienced amongst these nurses to have given their clients a dignified passing, other feelings emerged. Bellens et al. (2020) encountered the fact that even though euthanasia gave a good death to the client, nurses still struggled with negative emotions and frustrations. This was viewed as a result of unnatural passing of clients, which instils doubts amongst those who practise it. To reduce the feeling of discrepancy between a good death and an unnatural one, nurses need to be well educated regarding the process of euthanasia. Euthanasia is a process that consists of several stages. The beginning stage is the period preceding the request for euthanasia, which proceeds to decision making, then actually carrying out euthanasia, and finalised with the aftercare stage, which includes care of their family members (De Beer et al., 2004). The role of the nurses during euthanasia practices, is still not clear to these professionals, even though this practice is already legalised in that country. The nurses do express their willingness to care for these clients and for better results, and on this account, De Beer et al. (2004) argued the need of having clear policy as to what the actual nursing participating role in euthanasia. Doubts amongst the nurse's role during euthanasia was also pointed out by Montserrat (2021), since euthanasia maybe recognised as end-of-life medical decision, but the law does not clarify the nurses' role. In this study the nurses' concerns included their involvement in the process, who gets to decide the eligibility of the client, and would the law protect the nurse if the relative would eventually disagree with the older adult's decision.

Training that incorporated the understanding of life and death issues in healthcare, death, grief, and bereavement concepts, all aided nurses to cope better with death at their workplace (Nia et al., 2016). The importance of education as a coping mechanism for those working with euthanasia was also prominent in the interviews conducted in this study. Also, the importance of talk therapy was significantly mentioned throughout this study. Nurses claimed that by debriefing, venting, and expressing their emotions during therapy would improve their mental wellbeing. These nurses felt that as a community we lack such support and mostly as a result of our cultural norms rather that the service not being provided. Similarly, it was also suggested by Rabie et al. (2018), that nurses needed adequate support such as counselling and debriefing sessions to cope with stressful or traumatic experiences, such as unnatural death. In their study, it was pointed out that nurses who lack support at the workplace, did eventually lead them to maladaptive coping skills, venting their experiences on their partners causing emotional distress at home.

Conclusions

Nurses did acknowledge that the suffering experienced by the older adult may be unbearable for the individual and wish to stop it. Yet again, how can they aid them when it could create a conflict within their own beliefs. The melancholy expressed when they spoke about why an older adult would request euthanasia was profound. Participants did agree with the legalisation of euthanasia in this study. However, this do not mean that all are willing participants in case it becomes legalised. They did express the desire to give better care to their clients, to alleviate their suffering, and provide them with a serene passing. The researcher felt that more education is needed because if the basics are not even known, how would these professionals acknowledge if they are actually taking part in passive euthanasia or any other form. This lack of education may also cause misconceptions about palliative care too. Not to mention law issues. For nurses, acknowledging Law and getting familiar with, aids not only to safeguard their clients right but to protect oneself and employer.

Implications of the Study

This study encouraged the participating nurses to explore more their feelings about death. The awareness that in the future hastening death may be an older adults' right, and thus, they need to explore where they stand both personally and professionally. Would they be able to endorse euthanasia as part of their nursing duties, or should they explore other work alternatives if legalised?

Being able to support older adults from suffering might give a more satisfying feeling rather than feeling helpless running out of medical options. Importantly, if in the future euthanasia would be debated in Malta, the perceptions of health workers, including those of nurses should be taken in consideration. Employers can contribute by providing educational courses to nurses and support. The support system for nurses is already lacking let alone if a sensitive procedure as euthanasia is introduced. Supporting staff results in better health and quality of care.

Limitations of the Study

Limitations of the study are taken in consideration when interpreting the results. First and foremost, the limited literature found on nurses' perception towards euthanasia in the older adult. Most studies found were related to terminally ill clients and the perception from practitioners, rather than nurses and older adults.

Another limitation was that nurses knew little about euthanasia. This practice not being legal in the country, might have led the professionals to underestimate the need to acknowledge such erudition. This resulted in having mixed perceptions not only on euthanasia, but it was also evident during interviews that euthanasia and palliative care were being looked at as one combination. As a community, Malta is still new to proper palliative care, where also these nurses are still new towards this care because palliative care within the elderly governmental care homes commenced less than a year ago (Active Ageing and Community Care, 2022).

The sample was also predominantly female oriented (eight females to two males). Whilst the gap was so significant that not much differences came out between the two genders, having a more equal sample may have impacted the findings of the study.

The Maltese socio-cultural expectations were another limitation during this study. As a community, voicing your opinion is not always acceptable. The fear to be judged as a person or as a nurse, fear of loss of job in accordance with the answers given, was prominent. This was experienced firsthand since two participants did ask "Can I answer this?" The fear of expressing their views freely might be a consequence of the history of the country. This showed that some nurses were not fully comfortable at discussing such a controversial topic, further highlighting the need for more educational discussions pertaining to the euthanasia processes in Malta.

Recommendations for Future Research

Primarily, nurses should be empowered to endorse their professions' prominence in the healthcare system and engage in ongoing pursuit of knowledge. It is also recommended to health professionals to familiarise with the local strategic policies, for the purpose of this study, the second National Strategic Policy for Active Ageing (Malta 2021-2027), and the first National Palliative care Strategy for Malta (2023-2033). In spite of the fact that these two policies have nothing related to euthanasia, both benefit the nurses' knowledge about older adults' needs, health, and care at the end-stage. This will promote better understanding and openness to euthanasia practice if legalised in the future, both from professional and clients'

aspects.

This study may be considered to be an exploratory one and may be used by more in-depth studies to help advance and expand the gaps in literature. It is felt that recommending a well-supported system for nurses and other health professionals is a must. Not every health worker can afford a private support system, or they might have not chosen the right strategy for their coping.

Campaigns to increase awareness about good death, peaceful passing, and how to approach this end stage could be organised. Many are those that throughout their lifespan have tried to avoid the thought of their passing to the next life. This results in distress of the individual once reaching that stage due to unfinished or unprepared business, for instance their will, ways of burial and more. End-of-life should be every individual's concern because the end stage is inevitable.

There is nothing else for us as professionals to provide for the departed, just to worship their last decree. This research has helped to understand how local nurses perceive euthanasia in older adults and what influence their views. These findings may be used in the future to aid formulating new policies. Such study has indicated that death and euthanasia are two phenomena that nurses need to acquire comprehensive knowledge about.

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05

From Central to Local – A Study on the Future of the Decentralisation Process in Malta – Perspective of the Central Authorities, Regional Councils, and Local Governments

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Abstract

Objectives: Several questions were raised regarding the relevance of local councils and the extent of decentralisation within the Maltese islands. This was prompted by recent governmental actions perceived as centralising measures, lack of communication, conflicts between the local governments and the central government authorities, and various apprehensions surrounding the decentralisation process. Within this context, this research study examines the present situation of the decentralisation process in Malta by analysing the perspective of the three different levels of government, namely, the central, regional, and local governments. Thereafter, the researcher engages in an investigation on whether the future of public administration in the Maltese islands is likely to shift toward increased decentralisation or return to a more centralised approach. The study also aims to provide suggestions and stimulate further discussions about the decentralisation process in Malta.

Methods: The research strategy was qualitative and employed an exploratory design, characterised by an inductivist approach. The primary data collection method utilised in this study was interviews, specifically employing ten open-ended semi-structured interviews. These interviews were conducted with participants representing the three distinct levels of government in Malta.

Results: Results show that several obstacles surround the present situation of the decentralisation process in Malta, and these difficulties are evident. The study reveals that regardless of the recent reforms carried out by the government at the local and regional government level, and despite the regional councils registering specific improvements, decentralisation is occurring at a very slow pace and as a result the government is still very uncertain on whether to extend the responsibilities and empower further the local councils.

Conclusion: The study concludes that the decentralisation process in Malta is weighed down by several obstacles such as political polarisation, the recent shift towards centralisation, limited responsibilities and resources, budget limitations and lack of financial autonomy, and the lack of synergy between the government authorities and the local and regional councils. In this regard, the study concludes that Malta's governance system is still very centralised and is likely to remain so in the coming years.

Keywords: "Decentralisation","Centralisation","Local Governments", "Regional Councils","Central Government".

Highlights

- Central, regional, and local authorities agree that Malta is still governed by a centralised system and that further work is required for decentralisation to happen in the Maltese islands.
- The study confirms that the present situation of the decentralisation process in Malta is in evident difficulties and changes are occurring at a very slow pace.
- The government is still hesitant in giving more powers and responsibilities to local and regional councils.
- The management of public affairs in Malta shall, for the coming years, remain centralised.
- Results and recommendations indicate the need for more discussions and insights for present and future decisions regarding the decentralisation process in the Maltese islands.

Abbreviations

EU: European Union **GDPR:** General Data Protection Regulation **LCA:** Local Councils Association

LGD: Local Government Division **OECD:** Organisation for Economic Cooperation and Development

Introduction

The Parliamentary Assembly of the European Union (2018) highly recommend decentralisation as a method through which effective and democratic governance can be achieved. Nevertheless, there still are conflicting opinions and disputes regarding its positive outcomes and doubts about its efficiency and sustainability.

Studies favouring decentralisation argue that introducing governmental services closer to citizens leads to greater efficiency, better governance, and more accountability (Faguet, 2009). Indeed, since local councils are the closest government authority to citizens, they do retain the most accurate information about their residents' exigencies and, therefore, can better tailor public services in accordance with their respective local needs which might differ from other localities (Shah, 2006). These arguments are substantiated by De Vries (2000) and Mosley (2009), sustaining that the assignment of autonomy to lower-level authorities is justifiable since it is assumed that local authorities are better adapted to shape programmes according to local necessities.

On the other hand, critics maintain that decentralisation is at a disadvantage due to economies of scale unlike the central government which can supply services at a cheaper cost per capita (Faguet, 2004). Moreover, Prud'homme (1995) claims that certain local authorities are often badly managed when compared to the central government and, in this regard, Qiao et al. (2008) sustain that delegating functions to local authorities may lead to unequal growth results and increased inequalities between different regions. Furthermore, Rodriguez-Pose & Gill (2003) maintain that decentralisation limits the central government's ability to conduct its fiscal policy and carry out readjustment plans due to reduced access to funds, which thus restricts its spending powers. In this regard, Rodden et al. (2003) assert that maintaining fiscal control in a decentralised environment is not an easy task and, according to Inman (2003), a financially uncontrolled decentralisation system can bring about difficulties in the whole economy.

This study aims to examine the present situation of decentralisation in the Maltese islands and attempts to establish the future of this concept by answering the research questions: What is the perspective of the Central Authorities, the Regional Councils, and the Local Governments regarding the future of the decentralisation concept in Malta? In view of these perspectives, is the future of the administration of public affairs in the Maltese islands leaning towards more decentralisation or is it reverting back to a centralised approach?

The study addresses the above questions by investigating and bringing out the opinion of the three tiers of government: the Central, Regional, and Local government's respective perspectives about decentralisation. Furthermore, following the analysis of the respective research findings, the author shall also present recommendations about the subject matter.

The Concept of Decentralisation

Decentralisation involves the delegation of responsibilities for planning, administration, resource raising and allocation, from the central government to other subnational governments. The concept of decentralisation is also connected with the subsidiarity principle (Work, 2002). The OECD (2019) describes decentralisation as those actions involved in transferring specific responsibilities, resources, and powers to lower levels of government from the central government. These governments at the subnational level are elected through an election and therefore considered as legal bodies that should have a level of autonomy. Indeed, in a decentralised structure, regional and local governments are expected and encouraged to raise their income through, for instance, taxes, fees, or charges, and to administer their budget. Local policies, initiatives, processes and procedures are governed by a political system through an assembly or an executive body and possess their administrative personnel and assets.

The white paper titled "Local Councils: Bringing the Citizens Closer to Power" issued in 1992 by the Maltese government, outlined the first concept for the introduction of local councils in Malta (Government of Malta, 1992). The actual decentralisation process in Malta commenced with the enactment of the Local Councils Act in 1993 (Government of Malta, 1993). Attard (2005) claims that the legislation establishing local councils in Malta was modelled following the European Charter of Local Self-Government, which was endorsed by the Maltese government in 1993. Thereafter, in 2011, through subsidiary legislation 363.160, the Maltese government founded five regional committees (Government of Malta, 2011).

Pirotta (2001) claims that the government considered local councils as an essential element of its public service reform strategy, and the report published by the Public Service Reform Commission (1989) emphasised the importance of keeping the Ministers and the public service managers' roles separate. Moreover, Vassallo (1995) maintains that the idea behind this government's decision was to 'debureaucratise' and widen the participation of people in the democratic process by giving them, through their elected representatives, more direct involvement in the administration of their locality. Another view on the drive towards decentralisation is presented by Cutajar & Magro (2009) who argue that decentralisation became a priority on the Maltese government's agenda, at the time, as a strategic move in preparation for the accession of Malta in the European Union (EU). Both assumptions, however, could have influenced the Maltese government's decision to institute local councils. Both assumptions could be plausible, however, the latter is a strong supposition since Malta's governance structure had always been predominantly centralised (Pirotta, 2001), and Malta lacked a culture of local government before EU accession. This is corroborated by Bezzina (2019) who sustains that although several official reports talk about the necessity of more decentralisation, governance in Malta continues to be inclined towards a top-down approach.

Recent policy changes implemented by the central government throughout the last couple of years have led to the setting up of new government agencies that took over certain responsibilities from local councils. These are perceived by the local councils as a backward step from decentralisation to centralisation. Moreover, a lack of communication between local councils and government authorities has been noted, with local councils repeatedly complaining that consultation is lacking even when specific government projects are being planned and eventually carried out in their respective localities (Schembri Orland, 2018; Iz-Zurrieq Local Council, 2021). Similar concerns were also brought forward during the Mayors' Meeting held in February 2020 during which most of the mayors complained that local councils are finding it extremely difficult to function efficiently and effectively because of the excessive bureaucracy in the public sector and, also, due to budget limitations. These statements of discontent were also repeatedly stressed by mayors and councillors during other similar meetings.

Such views of concern were also expressed by the President of the Local Councils Association (Fava, 2022), who compared the local governments with a sick patient who is simply taking medicine to address his illness in the short term rather than dealing with it in the long term by going through the required surgery. In this regard, Fava maintains that the local governments' system needs a complete transformation notwithstanding the fact that certain issues were supposed to have been addressed by the local government reform launched in 2019.

Intrigued by the mentioned political context, the researcher aimed to conduct empirical research and stimulate a healthy discussion following an analysis of the main stakeholders' views in Malta's decentralisation process. Besides eliciting the perspectives of the main stakeholders mentioned above, the author also aims to provoke further discussions by providing recommendations following the assessment of the research findings, which will hopefully also contribute to present and future government decisions regarding the decentralisation process in Malta.

Methodology

Research Approach and Design

Intending to conduct a study regarding the perspectives of the three levels of government in Malta, that contributes to future discussions about the decentralisation process in Malta, an inductive approach was deemed the most appropriate methodology since it enables the researcher to provide a theory following the collection of data. In fact, Bryman (2015) claims that in the inductivist approach, the research question will direct the gathering of empirical data, which will be utilised to formulate hypotheses and theories (first research, then theory). Furthermore, Sauce & Matzel (2017) define inductivist reasoning as the process by which the researcher infers a particular conclusion following an analysis and combination of various aspects either established or assumed to be factual. It is then used to make an assertion or a forecast.

This exploratory study was conducted to investigate the perspectives of the various stakeholders involved in the central, local, and regional administration of Malta in order to discover whether the future of administration of public affairs in the Maltese islands is disposed towards a more centralised approach in view of recent government decisions. Dudovskiy (2022) sustains that the exploratory type of research main purpose is to explore at further levels of depth the research questions without proposing a conclusive answer. It is conducted to help the researcher better comprehend the nature of the problem and to initiate research to lay the groundwork for more conclusive subsequent studies.

In this regard, this investigation aims to provide answers to the research questions insight for further analysis and discussions at policy and stakeholder level.

Research Strategy

In accordance with the above, the author believes that to investigate and provide the perspective of the central, local, and regional governments as the research question outlines, qualitative research is more appropriate in this case since it allows the researcher to probe into and attain the participants' personal experiences, beliefs, ideas, and views regarding the selected subject matter. This study required the collection of non-numerical data, which the researcher then analysed and, following the interpretation, answers were provided at the end of the study.

Data Collection

Semi-structured interview was the data collection tool used throughout the research in order to collect the required information. In fact, Adams (2015) affirms that "semi-structured interviews are an effective method for data collection when the researcher wants: (1) to collect qualitative, open-ended data; (2) to explore participant thoughts, feelings and beliefs about a particular topic". Semi-structured interviews were the ideal research tool for gathering the information required to attain the research objectives and address the research questions. In this regard, a set of ten open-ended questions was prepared and used with all three groups of participants (central, regional, and local). This facilitated data triangulation and enhanced the reliability and validity of the study as responses from the three groups were compared.

Sampling

Henry (1990) claims that non-probability is a practical sampling method in certain situations and is the only appropriate method in some cases. For instance, when the researcher is interested in particular members of the population, ones that produce valuable and in-depth data, a non-probability sample is more convenient. Saunders et al. (2019) argue that, because the selected individuals accurately match the research background, the non-probability purposive sampling technique reduces the margin of error of the collected data.

Hence, given that there were only specific individuals who could contribute to this study and provide answers to the research questions, the researcher had to purposely choose participants who could provide in-depth information about the chosen topic in view of their knowledge and/or experience gained either through their occupied role and/or through their direct involvement in the policymaking, or daily management and administration of the research subject.

Participants

The research study involved 10 participants whose roles are listed below.

- Parliamentary Secretary for Local Government
- Opposition Spokesperson for Local Government
- Director General of the Local Government Division
- President of the Local Councils Association
- 2 Regional Council Presidents
- 2 Mayors
- 2 Executive Secretaries

Data Preparation and Analysis

The data preparation started from the interview session, whereby interviews were conducted in English, digitally recorded, and transcribed 'verbatim' for data analysis. The transcripts and audio recordings were analysed several times to identify repetition and analogies, and the researcher carefully engaged with the data to interpret sentences to assemble codes, sub-themes, and eventually main themes. This data processing was organised using the qualitative data analysis NVivo software. Therefore, data was categorised and coded, and from the different codes, the researcher assembled a number of secondary themes, which served as an indication for the main themes and sub-themes. The secondary themes were eventually shortlisted into seven main themes, with each main theme including a number of sub-themes.

Theme 1	Barriers to Decentralisation in Malta
Theme 2	Current Situation of the Decentralisation Process in Malta (Positives)
Theme 3	Current Situation of the Decentralisation Process in Malta (Negatives)
Theme 4	Mayor's Position
Theme 5	Regional Councils
Theme 6	Decentralisation vs Centralisation
Theme 7	Improving Suggestions for the Decentralisation Process in Malta

Table 1: Main Themes Generated Following Coding and Analysis

Ethical Considerations

The following measures were taken by the researcher in order to prevent ethical issues:

- Raw data was saved in digital format and password protected.
- Raw data deleted within 24 months of the conclusion of the research in accordance with the GDPR Act, Malta – Cap. 586 (2018).
- Participants in this study were assured that confidentiality would be observed, ensuring their anonymity. The data supplied in the study did not reveal the identities of the participants, safeguarding anonymity in accordance with ethical consideration.
- Raw data was acquired only after participants had received and acknowledged an information letter outlining the nature, purpose, and aims of the study, as well as completed the necessary consent forms.
- Permission was obtained to record the session for convenience of transcription, and the interview transcript was eventually sent to the participants for verification prior to the data analysis process.
- During the research, the data was handled only by the interviewer and was not made available to third parties. The raw data obtained will not be used for any other research and was disposed of upon publication of the study.
- The researcher indicated to participants their right to access, rectify, and, where applicable, request that the researcher destroy data pertaining to them within two years of the completion of the research.
- Research participants were informed about their freedom to renounce from the research at any point in time without enduring any ramifications, and their right to have any data collected that regards them destroyed upon withdrawal.
- The data was collected and stored in accordance with the General Data Protection Act, Malta – Chapter 586 (2018).

Research Limitations

Due to time constraints to carry out this research, the number of conducted interviews is limited to a small percentage of the total identified population. The selected sample includes participants from the three different levels of government, and the views of both the administrative and the political wings of the local councils. Nevertheless, the sample representing the local level excludes the input of the local councillors and it is also too small to generalise the results over the whole targeted population. Another limitation that could have affected the research is the position occupied by the researcher himself. Therefore, the author, being personally involved in a local government and regional council structure, had to ensure that personal bias is kept in check during the interviews and while interpreting and analysing the data.

Results

Theme 1: Barriers to Decentralisation in Malta
Respondents were asked about three particular aspects and whether they think that these are causing a barrier to the decentralisation process in Malta and, thus, leading more towards a top-down approach governmental system. Political polarisation was the most mentioned aspect and respondents believe that it is the principal barrier to the process of decentralisation, and therefore the main reason behind Malta's centralised system of government. On the other hand, only a few of the respondents believe that smallness and limited resources are causing barriers to decentralisation.

Theme 2: Current Situation of the Decentralisation Process in Malta (Positives)
Interviewees were asked specific questions to verify any positive aspects of Malta's present decentralisation process. The questions asked were about the 2017 report by the Congress of Local and Regional Authorities about decentralisation in Malta, and if they believe that there is enough synergy between the central government authorities and the regional and local councils. Moreover, the researcher collected general responses in which participants mentioned other positive aspects about the decentralisation process. Only a small minority of respondents believe that there is enough synergy between the regional/local councils and the government entities, and that any significant progress was registered from the 2017 Congress of Local and Regional Authorities report. On the other hand, most of the positive responses were attributed to the improvements registered within the regional councils' structure.

Theme 3: Current Situation of the Decentralisation Process in Malta (Negatives)
The negative responses about the present situation of the decentralisation process in Malta were much greater than the positive responses. The most referenced sub-theme was the 'shift towards centralisation' in which all 10 respondents believe that, in view of certain decisions that were taken in the last couple of years by the central government, there has been a shift towards more centralisation in the administration of public affairs. In this regard, local enforcement was amongst the most mentioned aspect, followed by roads infrastructure. Other negative issues which respondents mentioned were the limited resources and budget limitations; the lack of synergy between local/regional councils and the government entities; the limited responsibilities assigned to local councils; and the excessive public sector bureaucracy.

Theme 4: Mayor's Position
Respondents were asked if the position of mayors should be full-time or if it should remain as it is at present. Those who opted for full-time were also asked if this should be mandatory or optional. Out of the 10 interviewees, only 2 participants were against having full-time mayors. On the other hand, 8 respondents agreed that the position of mayors should be full-time with 4 arguing that this should be mandatory whilst the other 4 claiming that this should only be optional and at the mayor's discretion.

Theme 5: Regional Councils
The regional councils are another level of government between the central and local governments. Since they also are a form of decentralisation, the researcher felt the need to know the interviewees' opinions about the regional councils, thus including them among the main themes. In this regard, interviewees were asked about the present situation and the prospective role and functions of the regional councils. Most respondents are of the opinion that recently there were improvements within the regional councils particularly in view of the creation of the six managerial roles, and that the central government has now allocated a budget to the 6 regions. Moreover, most respondents believe that the main role of the regional councils should be assisting local councils in certain common regional issues and in other areas in which local councils cannot manage by themselves. Furthermore, the interviewees are of the opinion that should there be any additional responsibilities assigned to the regional councils, these should only derive from the central government and not from the local councils.

Theme 6: Decentralisation vs Centralisation
Participants were asked whether they do think that the Maltese government should increase decentralisation or opt for a more centralised approach. In this regard, all respondents believe that there is room for more decentralisation, and that the Maltese government should make more effort to decentralise further. Moreover, all respondents disregarded the idea of increasing further centralisation.

Theme 7: Improving Suggestions for the Decentralisation Process in Malta

Several suggestions aimed at improving the decentralisation process, particularly regarding the operational aspect of the local councils, emerged throughout the interviews. For instance, the improvements in the administrative structures and resources, and the financial allocation of local councils, were amongst the most mentioned suggestions. These were followed by the increase of more responsibilities to local councils and the reduction of excessive public sector bureaucracy. With regards to the increase in financial allocation, most respondents believe that local councils should be provided with more funding through the re-direction of taxes shifted from other government entities. Some respondents also believe that local councils should have the power to generate their own funding. Moreover, improvement in the quality of the administrative staff and the local councillors were also amongst the provided suggestions. With regard to local councillors, some of the respondents believe that the number of elected local councillors should decrease in order to focus on more quality rather than quantity. Some respondents also suggested areas for improvement within the Local Government Division (LGD).

Discussion

Interpretation of Findings

Results reveal that there are substantial difficulties regarding the decentralisation process in Malta, which is affirmed by both the central and the regional/local authorities. Notwithstanding that results portray certain improvements within the regional councils, the various and considerable identified problems within the local councils are undoubtedly compromising Malta's decentralisation process. This is corroborated by the fact that following the local government reform of 2019, the government still felt the necessity to launch the National Strategic Vision for Local Government 2023 - 2030 document (Parliamentary Secretariat for Local Government, 2023). In this regard, the President of the Nationalist Party College of Local Councillors argues that he finds it strange how the government felt the need to present another document for another local government reform before even having at least implemented the whole previous reform of 2019 (Partit Nazzjonalista, 2022). Moreover, this is also substantiated by the report issued by the Congress of Regional and Local Authorities in 2017 in which the monitoring committee found considerable shortcomings in the process of decentralisation in Malta (Council of Europe, 2017). The results of this research show that no significant progress has been registered following the recommendations outlined in this report.

The unpleasant situation surrounding the decentralisation process in Malta was also mentioned during a conference organised by the LGD in which a keynote speaker sustained that, if the present negative situation in the local councils is going to remain as it is, we will eventually risk not finding any new candidates for the local councils' elections. The speech also highlighted that the local councillors and the local councils' administrators are not appreciated for their sacrifices and hard work carried out in their respective localities. This was attributed to partisan politics, arguing that it is eroding the local government system (Vassallo, 2022). In fact, the claim being raised about partisan politics by Vassallo correlates with the research findings in which the issue of high-level political polarisation was indicated by both the central and regional/local respondents as one of the main barriers of the decentralisation process in Malta. This is also corroborated by the research conducted by Borg (2012) which lists the aspect of high-level political polarisation within Maltese politics amongst the principal reasons hindering decentralisation in Malta.

Future of Governance in Malta

The research findings show that Malta's system of governance has always been based on a centralised approach, and Malta is still a very centralised country. Moreover, results also portray that in view of decisions taken by the central government, there has been a shift to further centralisation in the management of public affairs. This is corroborated throughout the consultation document published by the Nationalist Party, in which article 1.1 implies that the present system of governance is moving towards the direction where decisions are being made by the central government. In this regard, this article mentions a series of responsibilities, such as enforcement, waste collection, roads infrastructure, and public cleansing, which were shifted away from the local governments (Partit Nazzjonalista, 2022).

The above is also substantiated by the report issued by the Congress's Chamber of democracy in Malta, which remarks on the overwhelming involvement of central government in local matters. The report also states that "the overall situation with regard to local democracy in Malta is exacerbated by the lack of meaningful consultation between central government and local authorities" (Council of Europe, 2017, n.p.). Therefore, analysing the research findings in conjunction with other previous research material referenced above, the conclusion is that the future of governance in Malta could still be leaning towards further centralisation.

National Strategic Vision for Local Government 2023-2030

The National Strategic Vision for Local Government 2023 – 2030 document was launched in May 2023 (Parliamentary Secretariat for Local Government, 2023). The idea of the researcher was to assess certain sections of this document and verify if the included themes and objectives do effectively address the above-mentioned issues revealed throughout this study. Furthermore, the analysis shall also verify if some of the improving suggestions emerging from the research findings are included in this document.

The National Strategic Vision for Local Government 2023 – 2030 document indicates that there is an attempt to address certain negative issues surrounding the decentralisation system in Malta. For instance, there seems to be a genuine effort to improve the administrative structures and resources of the local councils since some of the objectives included in the document are aimed at addressing the lack of quality of local councillors and improving the quality of the administrative staff. In this regard, there is no indication as to whether the government intends to reduce the number of local councillors. Furthermore, the issue of lack of synergy between the regional/ local councils and the government entities is also acknowledged and, in this regard, objectives are included in this document to mitigate this issue. However, there is no indication as to whether the government intends to align the government entities' respective districts with the 6 regional councils. In addition, the document seeks to continue the improvement registered by the regional councils, and certain objectives aim to further enhance their internal structures through the engagement of further professional expertise. Therefore, the regional councils should be better equipped to assist the local councils.

Nevertheless, the document fails to address other important issues which were highlighted in the research findings, such as the issue of limited responsibilities and that local councils are still not responsible for a substantial share of public affairs. For instance, the issue of local enforcement, which was one of the most mentioned aspects in the research results, shall remain a major setback for local councils. The only reference in this regard was objective 4.5 through the enhancement of the community police. Nonetheless, it is unclear what the exact role and involvement of the local councils will be in the operational aspect of the community police service.

Moreover, although objectives 2.2 and 2.3 of the same document indicate an intention to increase the funding of local governments, this seems to be a minor improvement and far from empowering local governments with a certain degree of financial autonomy. Therefore, the issue of budget limitations shall only be marginally addressed. Furthermore, there are other areas that emerged throughout the research study which were not mentioned at all throughout this document. For instance, the document does not mention the issue of excessive public sector bureaucracy and research results show that it is a major issue for the local councils. Moreover, there is no indication about the position of mayors, and whether it is at least being considered to provide mayors with the option to serve on a full-time basis. In addition, the document also fails to include proposals about improving the administrative structures and enhancing the operational aspect of the LGD.

Recommendations

Recommendation 1 – Mitigate Political Polarisation at Local Level

In a heavily politically polarised country, it is not easy to detach partisan politics, from local councils that have been politicised since their inception. Indeed, in Malta, due to the intense political polarisation, national politics often prevail over local affairs. Unfortunately, this works against the subsidiarity principle and the main concept of decentralisation. Therefore, a proper assessment of the present system and an analysis about how to mitigate the political parties' involvement in the local governments system is being recommended by this study.

Recommendation 2 - Assess other Ways at Increasing the Responsibilities of Local and Regional Councils and their Financial Autonomy

The setting-up of a committee formed by representatives from the three levels of government and other relevant stakeholders is recommended. The remit of this committee would be to analyse other areas that could be delegated to local/regional councils and, thus, ensure that local councils are responsible for a substantial share of public affairs. Moreover, this committee should also address the budget limitations issue and, therefore, explore other ways of increasing the local/regional financial autonomy. This would support in the decreasing of Local Council dependence on the central government funds allocation and the various schemes issued by the LGD and other government entities.

Recommendation 3: Establish a Formal Consultation Mechanism Between the Central Government Authorities and the Local and Regional Councils

Consultation with regional and local authorities should become obligatory before the initiation of any project aimed to be carried out in their respective region and locality. In this regard, a formal consultation mechanism should be established to oversee the implementation of this consultation process and to assess the possibility of aligning the government entities respective districts with the six regional councils. This would, eventually, enhance the synergy and facilitate the consultation process between the regional and local councils, and the central government entities. The remit of this consultation mechanism would also be that of reducing bureaucracy between government entities and regional/local councils and, in this regard, establishing a fast-track process for projects carried out by regions or local councils.

Recommendation 4: Local Enforcement by the Local Councils

Assess how local councils can have more direct authority regarding local enforcement within their respective localities.

Recommendation 5: Establish the Position of Mayors and the Number of Elected Councillors

The mayors' position should be properly assessed and the idea of having mayors serving on a full-time basis (either optional or obligatory) should be discussed more profoundly. In addition, such discussions should also evaluate the idea of reducing the number of local councillors to focus on quality rather than quantity.

Recommendation 6: Local Government Division Reform

The study recommends reforming the LGD aimed at strengthening its internal administrative structures and improving its operational aspects. The role of the LGD should be more focused on the provision of assistance and guidance to the regional and local councils and, thus, reducing the use of its resources on excessive control and monitoring.

Areas for Further Research

The Congress of Local and Regional Authorities' monitoring committee report regarding the situation of local and regional democracy in Malta is supposed to be scheduled by the end of 2023. Therefore, the findings and recommendations of this report would be another important area for further research and would be quite interesting to analyse and establish whether the findings emerging from this report do correlate with the results of this research study.

Moreover, implementing the themes and objectives outlined in the Local Government National Strategic Vision 2023 - 2030 will most probably commence during 2024. This would be, therefore, another area for further research, and an assessment of how the implemented objectives will impact the decentralisation process would also be critical.

Finally, the outcome of the local council elections scheduled for 2024 would also be another area for further research. It would be intriguing to evaluate the number of candidates, their backgrounds, and the voting turnout, which will determine whether residents still believe in the current local council system.

Conclusions

The principal aim of this research study was to undertake an authentic effort to assess the present situation in the local and regional government system and try to investigate the future of the decentralisation process in Malta.

The study confirms that the present situation in the decentralisation process in Malta is experiencing evident difficulties, and changes are occurring at a very slow pace. Regarding the two research questions, the main findings emerging from this research study are that the central, regional, and local authorities agree that Malta is a very centralised country and that there is room for further decentralisation in the Maltese islands; and that the Maltese government is still very hesitant in giving more powers and responsibilities to local councils. Therefore, the general understanding is that the management of Malta's public affairs will remain highly centralised for the coming years.

Nevertheless, through the results and recommendations outlined in this research, the researcher feels that there are enough ideas to stimulate more discussions and provide further insight for present and future decisions regarding the decentralisation process in the Maltese islands.

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06

The Phenomenon of Burnout amongst Nurses from a Hospital in Malta and Possible Coping Strategies

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Abstract

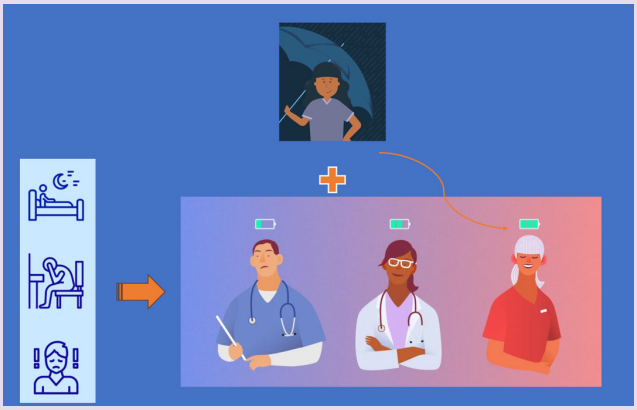
Objectives: Burnout is a prevalent issue amongst nurses in a hospital setting. Therefore, the phenomenon of burnout amongst nurses and the operations of the hospital was explored. In addition, the actual root cause of burnout was investigated according to the 5 Whys framework, whilst recommendations for the improvement of the service were outlined.

Methods: Data was collected through the use of semi-structured interviews with six different nursing professionals through the various nursing hierarchy. The 5 Whys framework was incorporated into the interview schedule and data was analysed via thematic analysis.

Results: The results generated four main themes which were 'Consequences of Burnout', ' Less Staff, More Issues!', 'Coping with Burnout!', and 'Many Things Need to Change'. These themes explored the effects and consequences of burnout amongst the nurses. This together with the consequences of the shortage of staff also had dreadful effects on the nursing staff. Nurses had to cope with burnout, whilst the way forward for the nursing profession was presented.

Conclusion: The importance of tackling burnout amongst the nursing staff was highlighted since this brought various consequences to the nurse, their relatives, patients and organisation. Various coping strategies and recommendations were also given.

Keywords: "Nurse","Burnout","Causes","Coping","Management".



Highlights

- This study researched the problem of burnout amongst nurses, its consequences, coping mechanisms and the way to move forward in tackling this problem.
- As part of the explorative qualitative methodology used, the 5 Whys analysis was employed.
- New recommendations were presented in tackling this problem amongst nursing staff and its hierarchy.

Abbreviations

SN: Staff Nurse **CN:** Charge Nurse **SNM:** Senior Nursing Manager **CNM:** Chief Nursing Manager

Introduction

The occurrence of burnout is important in the nursing profession. Burnout has been found to potentially lower the nurses' quality of life and their commitment to the organisation (Pérez-Francisco et al., 2020). In addition, burnout possibly affects their performance and may ultimately increase the possibility of nurses departing the profession (Chen et al., 2019). Therefore, besides affecting the turnover rates, burnout may also negatively affect the quality of nursing care (Van Bogaert et al., 2009).

Nonetheless, burnout can have different manifestations and consequences, which an individual or organisation might not notice right away (De Hert, 2020). Burnout progresses in various stages and each stage of burnout has the ability to affect the individual differently (De Hert, 2020).

Burnout affects hospitals as well, since ultimately burnout also affects patient care (Kelly, Gee & Butler, 2020). Burnout has serious implications, including but not limited to: a decreased time to dedicate to the therapeutic relationship between the patients and nurses, and a decrease in quality of care (De Hert, 2020). These ultimately affect patient-centred care (Alharbi et al., 2014), which modern healthcare systems are striving for (Pelzang, 2010). In addition, staff shortage can lead to a reduced time dedicated to the patient-nurse therapeutic relationship and a decrease in the quality of care (Dall'Ora et al., 2020).

Since burnout in Malta is still a new niche of study amongst nurses which lacks published academic research (Galea, 2014), this research was an explorative study that qualitatively aimed to explore the phenomenon of burnout amongst nurses. This study had two main research questions to answer, and these were: 'What is the actual root cause of burnout?' and 'What is the operational management's approach to reduce burnout in a hospital in Malta?'.

Methodology

Appropriateness of the Methodology

Qualitative research design is mostly applicable when seeking in-depth exploration of the understandings of real-life problems (Maggi Savin-Baden & Claire Howell Major, 2023). An example of a real-life problem may be considered to be burnout, and numerous studies used qualitative methodologies to explore burnout amongst nurses (Ashipala & Nghole, 2022; Clayton & Marczak, 2022; Dos Santos, 2020; Salaree et al., 2014). Qualitative research allows the generation of new data based on the experiential accounts of the participants, and so was an appropriate choice of methodology for this study as it helped determine the preferences of the nurses when solving and/or alleviating the consequences of burnout by understanding in-depth burnout by exploring the effects, possible causes and possible solutions of burnout (Renjith et al., 2021). This is imperative, since through a qualitative method, the researchers may be able to understand the nursing population better and may be able to explore the nurses' needs and observations pertaining to burnout, while further understanding any feelings and attitudes nurses may have (Renjith et al., 2021).

Research Design and Participants

The target population for this study were nurses. Initially a total of six to eight nurses from the nursing hierarchy were required, however six nurses chose to participate from a hospital in Malta. Two SSN and two CN were chosen via a self-selecting sampling method. This type of sampling is ideally used in exploratory studies such as this one, which allows potential participants to engage in the study (Saunders, Lewis & Thornhill, 2016), allowing an opt-in approach.

In addition, an invite was sent via a gatekeeper (the HR department of the hospital where the study took place) to three SNM and one CNM via a purposive sampling. Through this sampling method, participants are invited on purpose (Saunders, Lewis & Thornhill, 2016), since they are experts and experienced in their field. Furthermore, they were the only ones employed in those positions at the hospital where data collection took place. However, only one SNM accepted the invitation out of the three. All participants had to have at least a year's experience in their current occupation so that they might have experienced or seen someone experiencing burnout. All participants were given anonymity through a pseudonym, which each participant had the liberty of choosing to safeguard their confidentiality. Their demographics are summarised in table 1 below.

Name	Age	Gender	Years in Current Occupation	Total Years in Service
Maria	28	F	2 years	7 years
Martina	31	F	2 years	9 years
Patricia	42	F	4 years	13 years
Victoria	61	F	5 years	43 years
Alan	55	M	7 years	32 years
Margaret	60	F	8 years	40 years

Table 1: Participants' Demographics

Data Collection

The interview questions attempted to explore the experiences of burnout from both an outsider's and a personal point of view. Thus, the impact of burnout on both the participant's personal and work life was explored, together with the possible consequences of burnout within the hospital setting.

The interview schedule incorporated the 5 Whys methodology. The 5 Whys technique as summarised in Figure 1, is a simple and efficient qualitative method used to analyse and attempt at finding the real root cause of problems (Card, 2016), used in this study to further explore the causes of burnout. This qualitative method was adopted and is prevalently used in healthcare research (Antony et al., 2018; Niñerola, Sánchez-Rebull & Hernández-Lara, 2020). This technique improved the qualitative stance of this dissertation by linking the subjective experiences of the participants to the main problem (Card, 2016; Vidyasagar, 2016).

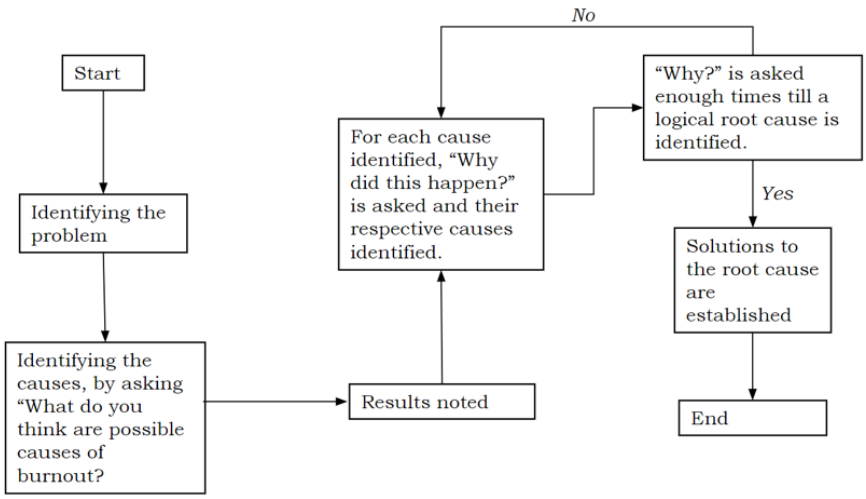


Figure 1: Summary of the 5 Whys Analysis

Data Analysis

Data was analysed using thematic analysis. Thematic analysis is used to analyse qualitative data by developing themes and follows the six-step technique outlined by Braun and Clarke (2006). The first step involved transcribing the data, following all of the ethical considerations and involved reading the data and observing any starting idea. The second step consisted of identifying features within the data which interested the researchers. This started the generating of codes. The next step consisted of searing for themes, whilst possibly teaming all of the relevant data. The fourth step required the review of the themes and check if the data extracted from the previous steps works. The fifth step involved the naming and defining of the themes generated from the data. The final step was the production of the report (Braun and Clarke, 2006).

When exploring a number of transcriptions, thematic analysis was chosen since it is ideal to discover codes and patterns, which eventually develop into themes, from the participants' experiences (Grbich, 2007), as was done by Ashipala and Nghole (2022) and Clayton and Marczak (2022) amongst others who have used thematic analysis when studying this phenomenon. Thematic analysis is also useful when subjective information needs to be analysed, such as in this study, where the participants' experiences and needs were explored (Braun & Clarke, 2006; Nowell et al., 2017) and which provided valuable insights into the factors that contribute to burnout. Therefore, the different perspectives of the research participants can be examined, where the similarities and differences can be displayed, thus providing insights (Braun & Clarke, 2006).

Data saturation was achieved by the researchers by the continuous analyses of the data collected until no new themes were emerging, and this also indicated that enough data was gathered to accomplish the research objectives and research questions (Merriam & Tisdell, 2016).

The type of comparison employed in this study is known as peer examination (Stige, Malterud & Midtgarden, 2009). This effective technique works by encouraging the researchers to critically examine research done by peers whilst reflecting on their quality of work in general (Stige, Malterud & Midtgarden, 2009). This study's researchers critically examined international and peer-reviewed research and compared this study's findings with them.

Ethical Considerations

Ethical approval for this study was granted by IDEA Academy and the Research Team and Data Protection Officer of the hospital where data collection took place. Recruitment was done through the Human Resource (HR) Department as they could have acted as an intermediary. The HR Department was given an information sheet and was asked to contact the target population. By taking this route, any possible coercion was avoided, with participants being offered an opt-in approach. The participants were also made aware that their privacy was safeguarded according to the Gathering of Data Protection Regulation (GDPR) and the Malta Data Protection Act 2018. The researchers ensured that the participants were guided to the appropriate help in case of any distress. Furthermore, all participants were given anonymity through a pseudonym, with each participant having the liberty of choosing, to safeguard confidentiality. Prior to the publication of this article, permission from the hospital CEO was also sought.

Results

The results obtained via thematic analysis produced four main themes. Their corresponding sub-themes are outlined in table 2.

Main Theme	Sub-Theme
Theme 1: Consequences of Burnout	Work Never Ends
	Nurses are Exhausted, both Mentally and Physically!
	Fracture of Harmony!
	Effects on the Family
	Jeopardising the Patient-Nurse Relationships
Theme 2: Less Staff, More Issues!	More Sick Leave
	More Overtime, More Clocked Hours!
	Leaving
	More Shortcuts means More Errors
Theme 3: Coping with Burnout!	Caring for Oneself is Important
	Support from One to Another
	Resorting to Drugs
	Change in Shift, Change in Life!
	Boundaries Up, Burnout Down!!!
	Strong Character, Strong Resilience!!!
Theme 4: Many Things Need to Change	The Work Environment Needs to Adapt!
	Management Styles and Mentality
	Communication
	Financial Incentives
	Planning for the Future

Table 2: Summary of the main themes and sub-themes

Theme 1: Consequences of Burnout

In this first theme, the participants referred to various consequences that burnout had on their personal and work life. Findings from the interviews found that higher workload on the nurse would be affected by lower staffing levels. Whilst the workload remained the same, in view of the relatively same number of patients in the wards, the number of nurses did not reflect this as they fluctuated. Yet the workload for the nurses did not revolve only around patients but also to the additional supervision that had to be given to their juniors, students and carers.

The participants also asserted that burnout had a huge toll on the human body and mind. This resulted in a number of physical and emotional symptoms such as gastro-oesophageal reflux, sleep-on-set insomnia, lethargy, attention deficit and stress. In fact, stress was affecting the participants' mental health since Martina was "constantly tired and depressed".

These signs and symptoms changed the way they view situations which became viewed in a more pessimistic way. This was caused by being overtired and overstimulated, which enabled their mind to think more negatively. In fact, Victoria discussed how her "mind will work at a slower pace and would not be able to think well".

The aforementioned exhaustion caused friction within the team by creating a lack of collaboration and infighting. In fact, Maria discussed how her burnout would lead to her shouting at work, and that her "colleagues sometimes ended up being my victims because I did not want my patients to end up being victimised by my anger and frustrations".

Exhaustion, stress and fatigue together with any friction within the team also left an effect on the family of the individual nurse. Interviews found that participants had internal conflict within their family unit on a normal basis. Some of these conflicts started as a way to have a connection with someone, which might signal that any type of emotional connection is still craved for by the nurse, even when they do not have enough energy to strive for because of exhaustion.

With the aforementioned workload, it was a common occurrence that the nurses would have to reduce their time and change the way they interacted with their patients. In fact, Martina discussed how she "would end up taking shortcuts to avoid talking with them or be next to them". Participants also commented on being easily triggered towards their patients, as they came to work upset, angry and sometimes did end up shouting at their patients. This indicates that burnout can be so heavy that it bypasses normative boundaries. Such statements indicate that the patient-nurse relationship may be jeopardised by burnout.

Theme 2: Less Staff, More Issues!

Participants discussed the impact that shortage of staff had within the operations of the hospital, in their daily work. Interviews found that burnout could lead to a higher use of the sick leave entitlement. This might give rise to unapproved vacation leave which might end up as a repetitive cycle as evidenced by Patricia with the below quote:

"More leave is asked, and might not be approved, which in return burnout might increase and then nurses might call sick. So, management ends up not giving more leave and then the circle continues".

To cover this shortage of staff due to aforementioned sick leave entitlement, nurses would have to work an excessive amount of overtime. The participants confided that this overtime was sometimes forced on nurses by the management by manipulating their emotional state and making them feel guilty as Maria stated "make you feel guilty if you do not work it". Thus, this might indicate that nurses were required to work these long hours even when they did not want to, possibly suggesting that burnout is a forced phenomenon as well.

In view of all these difficulties, the nurses might be inclined to leave the organisation or leave the profession altogether. In fact, interviews showed that one of the participants had left their previous organisation with another participant putting in a transfer to another hospital. According to Alan, nurses sometimes felt that they had no choice but "to make a decision to actually leave the organisation".

This staff turnover might also result in a never-ending cycle. Nurses who would still be working in the organisation might be encouraged to leave the organisation when they observe that a lot of their peers and friends are leaving. Patricia argued that "Nurses might see a lot of staff leaving, which might encourage them to leave". Potentially, triggering into a cycle.

Being short of staff also resulted in shortcuts being taken by the staff, such as treatment being omitted or avoidance of certain patients. This study showed that nurses might be aware that these shortcuts can compromise their patients, however because of the increased pressure, they might feel like they had no option but to do so. These shortcuts could impact negatively on the patients, with participants confessing that these may result in fatal or near fatal preventable accidents.

Theme 3: Coping with Burnout!

In this third theme, the nurses opened up on how they coped when experiencing burnout. The participants shared various self-care initiatives such as taking a few days of vacation leave or sick leave by scheduling more time for themselves to calm down. Other participants would enjoy their day off, so that they would feel energised back to work. Others would reduce the amount of overtime or stop accepting new roles or work altogether to cope with burnout and exhaustion.

However, as a coping mechanism, interviews found that participants also reacted violently such as locking themselves in the bathroom to shout or "lock myself in the treatment room or clean room and throw everything that I could grab with my hands", to help her vent out and release all that pent-up anger.

Another coping mechanism mentioned to cope with the heaviness of burnout was resorting to drugs or medication. In fact, Margaret divulged to taking medication to "help me sleep", whilst Martina admitted how she would "smoke marijuana to help deal with the stress".

Yet, all participants agreed on the aspect of an MDT framework, teamwork and the importance of receiving help from others as a coping mechanism to burnout. For instance, when Patricia considered leaving the hospital, the nursing officer at that time called her in his office and encouraged her to reconsider. This means that management had considerable influence and may impact when it comes to supporting the rest of the team. Furthermore, team building activities can help with teamwork and unity by reducing the team's stress whilst participating in the activities.

Meanwhile, therapy sessions with a psychologist also proved to be beneficial, with participants commenting on the need to have a psychologist at hand for when they are required with their services more readily available.

Help was also received from outside the multi-disciplinary team. In fact, participants also received help from their partners, friends and colleagues, with Alan stating that he had a "friend who wakes up at 5am and goes forty-five minutes of fast walking with me, to discuss certain issues and this helps a lot".

Having endured the aforementioned difficulties, nurses sometimes had to make adaptations to their shifts to cope, with Maria specifically stating that "she had to change my shift to try to calm down". This might result in a loss of skills, as staff might have to change to night's shifts only or reduce day duties. However, participants who had changed their shift highlighted that this change helped them with burnout.

Maintaining boundaries was imperative in coping with burnout. This means in setting out a boundary between work and personal life. In fact, Victoria believed that you "cannot carry them both at the same time". The results show that nurses must learn the intricate art of saying no, thus being able to set a limit to avoid burnout.

Theme 4: Many Things Need to Change

In this final theme, the participants discussed the way forward to reduce burnout within the nursing profession. The results showed that the work environment was important since most of their time is spent at their working place. Meanwhile, it also serves as an incentive in the workplace to have a canteen or a breakroom. Such break rooms and canteens can aid the nurses in properly socialising and in dealing with other problems with their colleagues. This would increase teamwork by discussing certain points where similarities can be observed.

Interviews also showed that burnout could be because of the management style used, with senior management not understanding the needs and wants of their staff or believing that the nurses are exaggerating them. Maria discussed how "management tends to be bosses not leaders, so although they listened to our concerns, our concerns would not become theirs too". In fact, participants believed in having a management style in being truthful and developing a personal relationship with the staff. This would open up communication, produce a healthy relationship and cooperation.

Maria opened up that change is required from the "bad and old mentality" since this restricts the current management to abide by old strategies which would contribute to worsening of the symptoms. This type of mentality could be fuelled by the fact that most of the senior management is over the age of 55, thus a generation gap exists. Meanwhile, results show that the younger nursing staff should be engaged more especially when implementing new policies and finding solutions.

Data showed that when burnout is present, communication is affected, with participants opening up that the work environment does not allow them to communicate well. Patricia opened up because "a lot of foreigners employed did not know basic English". Yet, Maria discussed ways in bettering communication channels such as "better listening through reflective practice meetings". Here nurses can discuss what is bothering them or ways where they can improve their work. Thus, new ideas might prop up. Meanwhile, the importance of an open office policy was mentioned, promoting teamwork and open communication.

The participants also opened up on not being financially compensated enough for them to feel rewarded.Results showed that the current nursing shortage could be addressed by increasing the financial incentives such as increasing more allowances, better pay and improving working conditions.

To help reduce stress on the staff, results suggested certain improvements such as reallocating part of the nursing workforce after a number of years to other sections of the hospital. Meanwhile, results also suggested rotating the allocation of the ward. Finally, Alan and Margaret also spoke that should the shortage of nurses worsen, then the management "need to start thinking about re-engineering the profession". This might mean changing the job description from scratch.

Discussion

The findings of this research highlighted four main themes. Not surprisingly, these four main themes cover the effects of burnout, with shortage of staff being an effect and a major theme, coping mechanisms done by these nurses and the way forward to try to solve burnout.

This study found that the significant workload affected the nurses working within the organisation. This is backed up by a study conducted by Bridgeman, Bridgeman and Barone (2018), who found that healthcare professionals often feel overwhelmed by a heavy workload. The present study found that the workload did not only revolve around patient care, and is in alignment with the literature review conducted by Congdon, Craft and Christensen (2020), who found that nurses used 50% of their time at work for caring for their patients, whilst the other 50% of their time was spent on other tasks, such as supply stocking, documentation and mentoring. This indicates that nurses have to dedicate a huge percentage of their workday to non-patient related activities which would end up increasing their workload, which according to Junttila et al. (2019), increases the complexity of the nursing job. The physical and emotional symptoms reported by this study are similar to a thematic study done by Clayton and Marczak (2022). Nurses working in the palliative setting also experienced a burden on their mind and body, with the majority feeling extreme sadness, helplessness, irritability and lack of sleep. This implies that whilst the way burnout is experienced is subjective, some symptoms experienced by nurses are common. The present study found that nurses might develop a slightly more negative attitude. This concurs with what Laker et al. (2018) and Sansoni et al. (2016) discussed in their link between burnout and a pessimistic viewpoint. In their studies, they found higher levels of burnout who also reported pessimistic viewpoints (Laker et al., 2018; Sansoni et al., 2016). An interpretation of this could be that there was an increase in pessimistic viewpoints amongst the nurses because the participants had no or little hope of the situation getting better. According to Maslach and Leiter (2016b), burnout has a negative effect on nurses' work-life and personal-life. In fact, Grace, Sommerfeldt and McMahon (2019) found that high levels of burnout amongst nurses could have a spillover effect on their personal lives. This effect was associated with poorer marital relationships because of increased conflicts at home (Grace, Sommerfeldt & McMahon, 2019). Deterioration in the nurse-patient-relationship was mentioned in the results of this study. In fact, Bernando, Costa and Fernandes (2020) found that nurses who reported high levels of burnout, also reported lower levels of direct patient-nurse care time.

This research found that burnout could lead to the utilisation of a higher amount of sick leave entitlement by nurses. In fact, Kowalczuk, Krajewska-Kułak and Sobolewski (2020) found that nurses with burnout were more inclined to take sick leave. However, there did not seem to be a link in academic literature specifically between an increased amount of sick leave and unapproved vacation leave. Results from the present study showed that the nurses had an excessive amount of overtime because of the nursing shortage, which was sometimes forced onto the nurses by the management. In fact, research noted that management could sometimes force the nurses to work overtime to cover for shortage of staff or a sudden increase in patient admittance (Griffiths et al., 2014). This study found that nurses might be willing to leave the nursing profession, with some of the nurses leaving the profession without considering any consequences. According to literature, staff turnover is a major consequence of burnout (Alharbi, Dahinten & MacPhee, 2020; Rana & Shakya, 2021). In fact, the UK's NHS turnover of nursing staff was at around 12% (Nursing & Midwifery Council, 2022). This thematic analysis also found that nursing turnover can be influenced by their colleagues leaving, which might end up being a vicious cycle.

In fact, according to Bae (2023), staff turnover was indeed influenced by peers. This was mostly linked to peer support, which was when nurses used their own past experiences to help other nurses (Bae, 2023). This study found that nurses might be susceptible to errors because of shortcuts that they might take. Henderson et al. (2019) reported how nurses took shortcuts in circumstances such as during infection control procedures. These shortcuts were attributed to shortage of staff, time constraints, environmental factors such as the ward layout and organisational factors such as the level of managerial support (Henderson et al., 2019), factors of which might contribute to burnout (Usman et al., 2020; Ziabari et al., 2023).

Coping mechanisms can be very subjective as found by this study. Most of the coping strategies present in academic literature revolve around self-care (Kelly, Weston & Gee, 2021; Zhang et al., 2020). Self-care was one of the most important coping strategies found by this study. In her paper, Kiss (2017), suggested continued self-care techniques should be employed by nurses. Such techniques can include a consistent work-life balance, and taking vacation leave as needed to recover from exhaustion (Kirsten, 2012). These would allow the nurse to have a healthy lifestyle balance (Kirsten, 2012). Violent behaviour as a coping mechanism was explained by De Hert (2020) as a build-up of frustration which leads to aggressive behaviour. De Hert (2020), believed that this behaviour is because the individual would feel pressured and threatened by his workplace. De Hert (2020), in his paper also discusses that during the frustration stage of burnout, the individual might resort to alcohol or drug consumption as a coping mechanism for burnout. Thus, confirming the result from this thematic analysis. Besides self-care, this study also found that support from others is imperative. This refers to within the multidisciplinary team but also beyond it. Janeway (2020) spoke on how stress management and resilience programmes were offered to nurses, with Magtibay et al. (2017) arguing that such programmes did decrease stress, anxiety and work-related burnout. Participants of this study highlighted the importance of having a psychologist, and discussed how the latter should be employed within the organisation with the aim to be always attentive to help those individuals who come forward with any signs and symptoms of burnout. This study emphasised the importance of team building activities within the team. Team building activities are effective in improving communication and teamwork within an organisation amongst all healthcare professions (Yi, 2015). Rapp, Hughey and Kreiner (2021) reported that, as a coping mechanism, some of their interviewees resorted to communication with their peers to understand what they were going through. Thus, learning to work within a team is important, as it also helps to equally divide the workload. By organising such team building activities any individual who experiences burnout can understand that they are not alone and that through compassion, their team members can help them fare better. This study found that family and friends were of tremendous help as a coping mechanism. In fact, Kowitlawkul et al. (2018) argued that social support for nurses from family members, friends and colleagues is imperative to cope with stress and enjoy a better quality of life. This study found that there might be a relationship between establishing boundaries and controlling burnout. Such boundaries included limiting the amount of overtime nurses were accepting and working, as well as promoting a healthy separation between work and personal life. The latter would allow a nurse to enjoy one's off days peacefully. This is backed up by literature, whereby Rapp, Hughey and Kreiner (2021) argued that those healthcare workers who continued working from home suffered more from emotional exhaustion who in turn showed more signs of burnout.

The work environment was found to be important to the participants of this study, with this study observing that the organisation lacked a canteen and proper break rooms. In fact, Ziabari et al. (2023) argued that healthcare professionals may suffer from burnout because of the workplace environment and poor environmental design. Management style and mentality might be contributing to the experience of burnout according to this study. Ebrahimzade et al. (2015) investigated the relationship between burnout in nursing and leadership styles among managers and found that transformational and transactional leadership had a correlation with lower burnout and its symptoms of emotional exhaustion and depersonalisation. Meanwhile, a laissez-faire leadership had a correlation with higher burnout levels (Bijari & Abassi, 2016; Usman et al., 2020). The link between the laissez-faire leadership and higher burnout can be due to the manager's avoidance and lack of communication, which might result in a lack of trust and openness (Buch et al., 2014; Usman et al., 2020).

Effective communication can help both the nurses and the management to exchange feedback according to the present study. Thus, improving communication channels is important within the organisation. Darban et al. (2016) found that communication courses can help in mitigating burnout whilst arguing that the nurses who received communication skills training were able to reduce burnout because they were able to communicate their needs better. This approach is highly recommended to managers as it also improves the quality of the healthcare services provided by them (Darban et al., 2016). With the help of the newly acquired communication skills, nurses can also improve their teamwork skills (Maslach & Leiter, 2016a). Participants in this thematic analysis felt that they were not financially compensated enough to feel rewarded. Insufficient rewards can be a primary cause of burnout (Maslach & Leiter, 2014; Padilla Fortunatti & Palmeiro-Silva, 2017). According to Maslach and Leiter (2014), rewards do not only reflect monetary features, but it could also mean prestige and job security. In addition, McHugh and Ma (2014) found that a lack of financial compensation was connected with job dissatisfaction and a higher staff turnover. An improvement was mentioned in the present study, where nurses are reallocated to different sections within the ward. This in essence, is a workload modification, as discussed by Happell et al. (2013), which helps in reducing stress amongst nurses. Furthermore, this thematic analysis found that should the shortage of staff worsen, it might be the opportune time to 're-engineer' the profession by changing the nurses' job description. Whilst the demand for nursing staff is increasing, the supply of nurses have remained relatively the same. The COVID-19 has increased the demand for nurses due to an increase in admissions of patients (Chan et al., 2021). This created a deficit of manpower. According to Buchan et al. (2015), this deficit of manpower can be bypassed by implementing retention strategies rather than hiring new personnel. Yet, it might still be the opportune time to consider this change.

Conclusions

This study had a skewed gender cohort, with five participants being female and only one participant being male. This could have produced a lack of diverse viewpoints. As aforementioned, local research on this subject is limited (Galea, 2014), therefore comparison of the results had to be done with international literature only. This limitation could have caused the researchers to overlook specific cultural factors which were not present in the international literature. Furthermore, findings from the international literature might not always align with the applicability to the Maltese scenario.

Findings indicated that management should be aware of techniques that promote self-care, and encourage staff (as well as themselves) to follow these self-care techniques. In addition, this study also attended to the importance of promoting a healthy team that supports one another in the fight against burnout. Thus, team building activities should be encouraged. This research also found that character traits could lead some nurses to burnout. In fact, the participants gave importance to being resilient, will power and the importance of fighting through burnout.

From this study, one can clearly see that change needs to occur. Rotating shifts and alternative fixed shifts should be introduced. In addition, current managers should be provided with leadership training to reduce the laissez-faire leadership whilst promoting transformational and transactional leadership. This would aid in communication. The installation of suggestion boxes in the organisation's premises should be considered, where anonymous suggestions can be posted.

Based on the accounts and experiences highlighted by the participants of this study, an important recommendation would be to encourage staff support. This would help in the reduction of staff turnover, which is a significant consequence of burnout. Supporting staff may come in various ways, such as improving the hospital's environment by providing a canteen and proper break rooms which would facilitate proper socialisation amongst the nurses, and employing a team of psychologists to help nurses who are suffering from burnout and burnout symptoms. These are important as they provide significant coping mechanisms to nurses who may be suffering from (or are on the path to) burnout.

This exploratory study may be considered to be a building block for a larger scale research on a national level which incorporates nurses working from all of Malta's healthcare organisations. This should be devised to improve our understanding of the subjective experiences amongst nurses experiencing burnout.

This would also help future researchers in exploring other causes and other possible solutions to burnout.

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Journal of Applied Research

01 Conceptual Leadership and Employee Engagement Model for Nurses Working at Mater Dei Hospital (MDH), Malta
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Damian Baldacchino & Dr. Neville Schembri

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Raissa Camilleri

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Katya Gauci

05 From Central to Local – A Study on the Future of the Decentralisation Process in Malta – Perspective of the Central Authorities, Regional Councils, and Local Governments
Johan Mula

06 The Phenomenon of Burnout amongst Nurses from a Hospital in Malta and Possible Coping Strategies
Jeremy Sammut & Yaser Teebi